Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 9586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Johnson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Nine *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this case. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Calvert County Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give street and number. } No 1 Petticoat Alley

Cause of Death, { First (Primary,) } Dropsy following Scarlatina

{ Second (Immediate,) } Convulsions

Duration of Last Sickness Three Months

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, May 4th 1876

Undertaker, M. H. O. Peare

Place of Business, 478 W. Pratt St

Miles Hall M. D.
Medical Attendant.

Address Southern Dispensary
49 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9587

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Charles Edward Boiers,

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 2 *Years,* 4 *Months,* 7 *Days.*

Color, White, *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } 502 N. Fremont and Baltimore

Duration of Residence in the City of Baltimore, [illegible] his life,

Place of Death, { Give street and number. } 502 N. Fremont Street,

Cause of Death, First (Primary,) Scarlatina,

Second (Immediate,) " Cholera Infantum,

Duration of Last Sickness, Seven days,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 5th 76

Undertaker, A. B. Poole

Place of Business, 707 W. Balto St

Henry L. Byrd M. D.
Medical Attendant.

Address 59 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o...]

Board of Health, City of Baltimore,

Permit No. 9588 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hezekiah VanOrsdale

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna -

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} Cor Fulton & Franklin St, Methodist Home"

Cause of Death, {First (Primary,) old age / Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery G. Lane - Dauphin

Date of Burial, May 4th 1876 M. D.

Medical Attendant.

Undertaker, John Thacker

Place of Business, No 160 Eastern Av *Address* 129 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9589

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Norman G. Sears

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male.

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Druggist.

Birthplace, {State or country (and how long in the United States if of foreign birth.} Wayne Co. Penna.

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and number.} 678 Lexington St.

Cause of Death, First (Primary,) Consumption of the Lungs.

Second (Immediate,) Hemorrhage " " "

Duration of Last Sickness, Nine months.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 4th 1876

Undertaker, Hughes & Co

Place of Business 551 Fayette St.

John T. King M. D.
Medical Attendant.

Address Edmondson Ave near Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9590 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edda Maynard.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White.

Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cattonsville Md. Drowned

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Patapsco River

Cause of Death, {First (Primary.) Second (Immediate.)} Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd's Cemetery

Date of Burial, 4 May 1876

Undertaker, John F. Speck

Place of Business, 265 Aisquith

W. Caldwell Leland M. D.
Medical Attendant.
Coroner's Phys.

Address 17 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9591. OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

Date of Death, May 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kelley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Univ. Hospital Lombard St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery T. A. Ashby M.D.

Date of Burial, May 4th 1876 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Lake opp Druid Hill Ave. *Address* Univ. Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9592

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Bray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower. { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 58 Biddle all

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, May 4th 1876

H. S. Brice M. D.
Medical Attendant.

{ *Undertaker,* I. I. Chalmers

{ *Place of Business,* 262 Penn-Ave *Address* Westminster Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...ath, City of Baltimore,

...No. 9593.

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

Date of Death, May 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Hanstead

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female.

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 138 N. Exeter St.

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 5th 1876

Undertaker, Henry A. Mears

Place of Business, 145 N. Gay St.

Charles A. McCormick M. D.
Medical Attendant.

Address 134 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

Board of Health, City of Baltimore,

Permit No. 9594

OFFICE OF REGISTRAR OF VITAL STATIS[TICS]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

Date of Death, 4 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Mary Vincents

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 7 Weeks ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 7 Weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,)} Atrophy

{Second (Immediate,)} Hydrocephaloid Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 5. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St

Mastony Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 9595 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Vohden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 M. 4 = 12 days

Place of Death, {Give street and number.} 84 N. Fremont St

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, May 5th 1876

Undertaker, Peter Kummer

Place of Business, 317 Mulberry St

Geo. L. Rice M. D.
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9596 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

Date of Death, May 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McDowell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone mason

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Ireland Thirty five years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 946 Ramsay St

Cause of Death, {First (Primary,) Bronchitis / Second (Immediate,) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 5th 1876

O. J. McDowell M. D.
Medical Attendant.

{*Undertaker,* Adam Weidemeyer
{*Place of Business,* 518½ W. Baltimore St. *Address* 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9597 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

~~CERTIFICATE OF~~ DEATH.

Date of Death, May 3rd 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William H. Crater

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 53 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Saloon

Birthplace, { State or country (and if long in the United States, if of foreign birth. } Italy.

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } 161 E Lombard St

Cause of Death, { First (Primary) Fatty degeneration of the heart. Second (Immediate,) Apnoea

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 5th 1876

Undertaker, Chas. Rossing

Place of Business, E. Fayette St

E. Warfield Theobald M. D.
Medical Attendant.

Address 8 E Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sidney Ann Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 11 *Months,* 24 *Days.*

Color, White *Sex* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 321 S. Sharp St

Cause of Death, First (Primary) Marasmus

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Hamilton Lot Monument H. E. Cassell M. D.

Date of Burial, May 5th Medical Attendant.

Undertaker, Wm H. Leonard & Son

Place of Business, 32 N. Eutaw St *Address* 18 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Transit 435

[OVER.

Board of Health, City of Baltimore,

Permit No. 9599

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

Date of Death, May 3. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna's Mallon.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sewing Machine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Balt'o City Jail,

Cause of Death, {First (Primary,) Intemperance

{Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Bal Lourel

Date of Burial, May 4 1876

J. H. Hoeck M. D.
Medical Attendant.

Undertaker, George C. Rodenyer

Place of Business, 38 Exeter St. *Address* 35 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9600

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

Date of Death, May 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanley Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 2 *Days.*

Color, col

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} House Hall Pl. No 52

Cause of Death, {First (Primary.) Scarlet Fever

Second (Immediate.) Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 4th 1876

Undertaker, Wm. J. Lucas

Place of Business, No 114 East St.

E. A. Baldwin M. D.
Medical Attendant

Address 124 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

SAFETY

Board of Health, City of Baltimore,

Permit No. 9606 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lizzie Bahn

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 2 *Years.* 1 *Months,* 1 *Days.*

Color, Colored *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 2 Chapman Ct.

Cause of Death, { First (Primary,) Idiopathic Tetanus

{ Second (Immediate,)

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo. S. Kenmon M. D.

Date of Burial, May 5th 1876 (Medical Attendant

Undertaker, W. C. Dorsey

Place of Business, No 1st East St. Address 738 Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Certificate No. 9602.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5 mo. 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth T. Yardley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 Years, Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During her life

Place of Death, {Give street and number.} 27 Mosher St

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 6th 1876

W. Riley M. D.
Medical Attendant.

Undertaker, H. B. Jenkinson

Place of Business, 16 Light St. Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

No. 9603, OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Ackley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years*, *Months*, *Days.*

Color, White *Sex*,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Living with Mother

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 164 N. Howard St

Cause of Death, {First (Primary,) Chronic Dysentery

{Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 5 1876 Brumbaugh M. D.

Undertaker, Appleby Medical Attendant.

Place of Business, 74 N Broadway *Address* 164 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6047.

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

Date of Death, May 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Slu

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Femal

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Lexington St

Cause of Death, First (Primary,) Exophthalmic Goitre

Second (Immediate,) Asthenia

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 1876

Eugene F. Cordell M. D.
Medical Attendant

Undertaker, Jacob Weaver

Place of Business, No 146 Druid Hill Avenue Address 53 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9685 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Marcha Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Fifty three *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} No 4 State St Court.

Cause of Death, {First (Primary,) Nephritis

{Second (Immediate,) Anasarca.

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Hebb Cross.

Date of Burial, May 5th

{*Undertaker,* Wm Thom Jr

{*Place of Business,* 96 Hulbert St *Address*

Sinclair Haworth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 1606

The Physician who attended any person in *last illness* is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Bauch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 10 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 239 E. Eager

Cause of Death, First (Primary,) Malignant tumor of

Second (Immediate,) Colon and Rectum

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Mechanicsburg Cem't

Date of Burial, May 6 1876

Undertaker, Henry Hook

Place of Business, 39 Central Ave

P. G. Dausch M. D.
Medical Attendant.

Address 27 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 9607

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

Date of Death May 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Isabella Pattee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 130 Granby St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, about 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 7th 1876

Undertaker, Thos. J. Hughes

Place of Business, 49 E. Fayette

James E. Pattee M. D.
Medical Attendant.

Address 399 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9608. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

Date of Death, 4th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor Courtney

Sex, ~~Male or~~ Female, {Cross out the word not required in the line.}

Age, 83 *Years,* *Months,* *Days.*

Color, ~~——~~ White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 83 yrs

Place of Death, {Give street and number.} 120 Hanover

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 6th 1876

Undertaker, Wm S Hacker

Place of Business, No 150 Eastern Address 37 Bercht

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

No. 9609 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Don't Know

Occupation, Don't Know

Birthplace, {State or country (and how long in the United States, if of foreign birth)} U. S.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Vineyard, on the Fort Road

Cause of Death, First (Primary,) Drowned

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potter's Field

Date of Burial, May 5th 1876

Undertaker, W. H. C. Perry

Place of Business, N. Pratt St

R. C. Lee M. D.
~~Medical Attendant~~ Coroner 3. Dt.

N. W. cor. Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 9610. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1876

Full Name of Deceased, {Write plainly and spell correctly. If an infant not named, give names of parents.} Margarete Merz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 2 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 98 S. Chapsell st

Cause of Death { First (Primary,) Pneumonia. Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster P. G. Dausch M.D.

Date of Burial, May 6 Medical Attendant.

Undertaker, Chas. Bayer *Address* 276 W. Broadway

Place of Business, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 918

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

Date of Death, May 4th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Ebbett Keller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ... *Months,* 1 hour *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ...

Occupation, ...

Birthplace { State or country (and how long in the United States, if of foreign birth. } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 38 So Canton Street

Cause of Death, { First (Primary,) } Difficult labor turning, Breech presentation
{ Second (Immediate.) }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 5th 1876

A. S. Hoen M. D.
Medical Attendant

Undertaker, J. Babcock

Place of Business, 1677 W. Baltimore Street

Address, 343 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

No. 9612 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Noah Preston

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Sixty Three Years, *Months,* *Days.*

Color, White. *Sex,* Male.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Boiler Maker.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, { Give street and number. } No 14 Bennet Street (Canton)

Cause of Death, { First (Primary,) Dropsy. Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, May 6th 1876

Nicholas L. Bashill M.D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 658 Broadway Address 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9613 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hamilton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widowed, Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth-place, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1009 High Alley

Cause of Death, {First (Primary,) Bright's Disease
Second (Immediate,)}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 7th 1876

Undertaker, Thos. E. Hughes

Place of Business, 111 E. Balto Address 1009 High Alley

David Forsythe *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore.

No. 9614 — Office of Registrar of Vital S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Fentress

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 7 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and number.} 219 Montgomery St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, May 7 A 1875

Undertaker, Armiger & Sons

Place of Business, 263 Light St

Certified by Theodore Cotta M. D.
Medical Attendant

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Health, City of Baltimore,

Certificate No. 9615 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Elizabeth Woodson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, *Widow or Widower* {Cross out the words not required in this line.}

Occupation, ~~None~~

Birthplace, {State of country (and how long in the United States if of foreign birth)} England

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} 171 N Calvert St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery Chas E Johnson M. D.
Medical Attendant.

Date of Burial, May 8th 1876

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

State of Maryland, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9616

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1876 BALTIMORE.

Date of Death, May 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny E. Robinson,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Journeyset Co. Md.

Duration of Residence in the City of Baltimore, Over 9 yrs

Place of Death, {Give street and number.} 68 Rockeby Pl. Ave: Bet Pulaski & Fayette

Cause of Death, First (Primary.) Phthisis

Second (Immediate.)

Duration of Last Sickness, Eighteen months.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th 1876

Undertaker, Murphy

Place of Business, 54 h Broadway

G. Glanville, Rusk M. D.
Medical Attendant.

Address 68 Eutaw Mast. Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

No. 9617

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 6 1896 BALTIMORE.

Date of Death, May 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara E. Mosell

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1. Years, 2. Months, — Days.

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sex,

Birthplace {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 71. Russell st.

Cause of Death, First (Primary,) Phthisis

Second (Immediate.) 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Interment by Superintendent

Date of Burial, May 6th

Undertaker, Edward Roth

Place of Business, 1029 Hanover st

M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 9418. OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th May 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Thielessky

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elbing Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 E. Pennsylvania Ave

Cause of Death, {First (Primary)} Scarlatina

{Second (Immediate,)} Brights disease

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 6th 1876

D. F. Hellmann M. D.
Medical Attendant.

Undertaker, S. B. Cook

Place of Business, No 707 W. Baltimore Street Address 620 Canton Ave Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Certificate of Death, City of Baltimore,

Certificate No. 9619

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th May 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } W. F. Cook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 39 *Years,* ~ *Months* ~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. } Married

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and number. } 31 N. Gilmor St

Cause of Death, { First (Primary,) Bright's Disease

{ Second (Immediate,) "

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 7th 1876

Undertaker, Ridgely & Co

Place of Business, 530 W Fayette St

E. Warfield M. D.
Medical Attendant.

Address, 108 Saratoga
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9820 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George R. Walter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State country, and if born in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 369 Druid Hill Avenue

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) do with Cirrhosis of Liver

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 6th 1876

Wm. Carey Thomas, M. D.
Medical Attendant.

Undertaker Hughes & Co

Place of Business 530 W Fayette St Address Cor Madison Ave & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

No. 9621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } S. Swift

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Louis Hospital Lombard & Wolfe

Cause of Death, First (Primary,) Typho Malarial fever

Second (Immediate,) Cerebritis

Duration of Last Sickness, ten days

All the above information should be furnished to the Physician.

Place of Burial, St Peters

Date of Burial, May 6

Undertaker, [illegible] *Address* Louis Hospital

Place of Business, [illegible]

J. Roby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9122

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1876

Full Name of Deceased, {Write legibly and correctly. If an infant not named, give names of parents.} Dorethea Gudsken

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 4 O Donnel St

Cause of Death, {First (Primary.) Second (Immediate.)} Cancer of the Stomach

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, 5th Germ Ref'm St Paul Cem'y

Date of Burial, May 6th 1876

Undertaker, F. Frechlich

Place of Business, 246 Eastern Av

Abram M Amrod M. D.
Medical Attendant.

Address "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

No. 9623, OFFICE OF REGISTRAR OF VITAL ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clement G. Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 1 *Months.* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Farmer *Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 358 Hollins

Cause of Death, {First (Primary,) Phthisis Pulmonalis Second (Immediate,) Gastro Enteritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 7th May 1876

Undertaker, Jeffs. Jenkins & Son

Place of Business, 16 Light St. *Address* 543 S. Eutaw St.

A. Dobson M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health, City of Baltimore,

Certificate No. 9624 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

Date of Death, May 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace C Darling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 Years 3 Months, Days.

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 143 Melberry St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebral congestion

Duration of Last Sickness, Three weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem. *Date of Burial,* May 7/876

F. L. Miles M.D.
Medical Attendant.

Undertaker, A. C. Orrick Bros *Place of Business,* At Present 59 N. Eutaw St *Address* 17 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 9125 OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 6 1976 BALTIMORE

Date of Death, May 6th. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John A. Dorr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty-seven *Years* *Months* Nineteen *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ widower

Occupation, Merchant.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Europe. Forty-three Years in U.S.

Duration of Residence in the City of Baltimore, " "

Place of Death, { Give street and number. } 117 W. Biddle St.

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 9th 76

Undertaker, Geo. W. Sanders

Place of Business, 129 Pennsylvania Ave.

G. L. Laylin Jr. & R. Merrick M. D.
Medical Attendant.

Address 129 & 131 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ew of Health, City of Baltimore,

Permit No. 9126

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr & Mrs H & Wallace.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ~~Years,~~ Months, 3 Days.

Color, White *Sex,* Male,

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} ~~Widow~~,

Occupation, ~~do not know~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, ~~Two Months~~,

Place of Death, {Give street and number.} 163 N Lombard,

Cause of Death, {First (Primary,) Eclampsia

Second (Immediate,) ~~Unknown~~

Duration of Last Sickness, two days,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field. W H Rokes, M. D.

Date of Burial, May 6th 1876 Medical Attendant.

Undertaker, ~~Mary A Shupe~~

Place of Business, ~~168 N Pratt St~~ Address 168 N Lombard,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9647

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} [redacted] Dutrieh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 35 E. Fayette

Cause of Death, {First (Primary,) Inflammation of the Brain,
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, May 7th 1876 Horace R. Hamill M. D. Medical Attendant.

{*Undertaker,* J. Hennessey
{*Place of Business,* 87 Hulbert St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Bureau of Vital Statistics, City of Baltimore.

Permit No. 9828.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Coulter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 Years, 8 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 136 E. Fayette St.

Cause of Death, First (Primary) Scarlet Fever

Second (Immediate, Convulsions

Duration of Last Sickness, 96 days

All the above information should be given by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 7/76

Undertaker, Ayres

Place of Business, 270 Broadway

Medical Attendant M. D.

Address 251 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9629 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filed out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Smith

Sex, White or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State the country and how long in the United States, if of foreign birth.} National

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 1122 Eutaw

Cause of Death, {First (Primary.) Old Age. Second (Immediate.) Exhaustion from Illness

Duration of Last Sickness? 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Monday May 8th 1876

Undertaker, John D. Lancaster. *Physician* C. C. Schaeffer M. D. Medical Attendant.

Place of Business, 386 Harford ave *Address* 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 9630

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Borne

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (if born in the United States); if of foreign birth. } Anne Arundel County Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give street and number. } 79 Chestnut Alley

Cause of Death, { First (Primary,) Heart Disease

Second (Immediate,) ———

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, May 7. 1876

Undertaker, John C. Taylor

Place of Business, 69 Park Ave

Thomas Shipping M. D.
Medical Attendant.

Address 70 Centre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 9131

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Mueller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 223 S. Bethel St

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, May 7th 1876

Undertaker, [illegible]

Place of Business, [illegible]

A. K. Emich *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 9432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant unnamed, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 2 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, May 7

Undertaker, Wm H Dungle

Place of Business, 104 East St

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 9633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE.

Date of Death, May 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ottie Harper Sherrard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word or is not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} Balto & Harrison Sts

Cause of Death, {First (Primary,)} Dysentery

{Second (Immediate,)}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — Dr Stone — M. D.

Date of Burial, May 7 Medical Attendant.

Undertaker, Wm H. Dungee

Place of Business, 10[illegible] East St *Address* 863 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 6,314

Bureau of Vital Statistics, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}: Elisabeth Reinig

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months,* 2 *Days.*

Color, *Sex,* female

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Eutaw St

Cause of Death, {First (Primary,) Dilatation of heart and insufficiency of tricuspid valve

Second (Immediate,) paralysis of heart

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 8 1875

Undertaker, Chs. Kessing

Place of Business, Fayette St 136 *Address* 139 W. Fayette St.

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

...Health, City of Baltimore,

Permit No. 9135. OFFICE OF REGISTRAR OF VITAL ...

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Moses Sharp

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 years. *Years,* *Months,* *Days.*

Color, Colored. *Sex,*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long if the United States) of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Broadway Court

Cause of Death, { First (Primary,) Ulceration of Stomach Second (Immediate,) Hemorrhage. Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7th 76

Undertaker, William Crouse

Place of Business, 19 1/2 East St

W W Cates M. D.
Medical Attendant.

Address 385 West Fayette. Balto Md.

Extract from the Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 9634

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1876 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1876. 11.30 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Nancy Lathe,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth-place, {State or country (and how long in the United States, if of foreign birth.} State of New York

Duration of Residence in the City of Baltimore, 57 years,

Place of Death, {Give street and number.} 230 N. Broadway,

Cause of Death, {First (Primary,) / Second (Immediate,)} Intestinal Obstruction.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8th

Undertaker, Geo. Scholl

Place of Business, Corner Fayette & Monument Sts

A. H. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from the Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit [illegible] 1876.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Egerton

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Years, 7 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 156 I. Wolfe St

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever / Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 7th 1876

Undertaker, H. Frochlich

Place of Business, 246 Eastern Av

James F. McShane M. D.
Medical Attendant

Address 234 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 9638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Clay Gilbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation Commercial Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore. Ever Since

Place of Death, {Give street and number.} No 260 Argyle Ave

Cause of Death, {First (Primary.) Second (Immediate.)} Cerebro Spinal Fever

Duration of Last Sickness, About Two Months

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery *Physician* Wm Emily M. D.

Date of Burial, May 9th 1876 Medical Attendant.

Undertaker, Thos E Hughes

Place of Business, 11 E Pratt *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

Permit No. 9439. OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Emma

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 *Years*, 10 *Months*, *Days.*

Color, Black *Sex*, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long if the United States, if of foreign birth) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Leonard Alley, Corner

Cause of Death, { First (Primary,) Second (Immediate,) } Lockjaw & croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co. James A. Steuart M. D.

Date of Burial, May 7th Medical Attendant

Undertaker, Gorsuch Registrar

Place of Business, Pratt St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

Permit No. 9480

OFFICE OF REGISTRAR OF VITAL ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5/6 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } E. Ellen Riley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 56 *Years,* ~~1~~ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower? { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Lancaster Penn

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and number. } 47 Lexington St

Cause of Death, { First (Primary.) Apoplexy

{ Second (Immediate.) 5 hours.

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Friends Country Stafford Road

Date of Burial, 9 May 1876

Undertaker, H. J. W. Jenkins Son

Place of Business, 16 Light St

Dr Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 9641 Office of Registrar of Vital St...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

Date of Death, May 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Frederick Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* " *Months,* " *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} Washington University Hospital.

Cause of Death, First (Primary,) Exposure.

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, May 8th 1876

Undertaker, Chas Shuster

Place of Business, Pratt & Chester Sts

A. J. Wolfe, M. D.
Medical Assistant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 1. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Bureau of Health, City of Baltimore,

Permit No. 9624 2

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Infanig

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months~~ 6 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and if living in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 126 E Fayette st

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, one day

All these above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 8th 1876

Thomas F Means M. D.
Medical Attendant.

Undertaker, J Mullen

Place of Business, 31 Harrison st

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further ordained and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Undertaker

Board of Health, City of Baltimore,

Permit No. 9643 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } Home of the Friendless Corner Eutaw & Lafayette

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. *Residence,* Mt Hamilton

Date of Burial, May 8 1876 *M. D.*

Medical Attendant.

Undertaker, Jas. L. Weaver

Place of Business, No. 496 Druid Hill Ave *Address* 69 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics

Permit No. 9625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

Date of Death, May 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Shafley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 239 Penna Ave

Cause of Death, {First (Primary.) Second (Immediate.)} old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 6th 1876

Undertaker, Jacob Weaver

Place of Business, Lowest Rate for Your Friends

L. L. Keller, *M. D.*
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 9645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Ellenger.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Railroad

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore. 27 years.

Place of Death, {Give street and number.} 114 Eutaw St

Cause of Death, {First (Primary.) Bright's Disease. / Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, May 8. 76

Undertaker, John H Rodneyer

Place of Business, NE Cor Summer and Monument St

Gustavus A Brune M. D.
Medical Attendant.

Address 133 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said City it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

Permit No. 9645

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

Date of Death, May 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Nicholora S. Clark

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 328 Madison St.

Cause of Death, First (Primary,)

Second (Immediate,) Cerebro Spinal Meningitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 9th 1876 Nicholas L. Bothell M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 68 S Broadway *Address* 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Bell Chiveral

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, — One — *Years,* — four — *Months,* — ten — *Days.*

Color, — White —

~~Married, Single, Widowed, Widower,~~ {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 160 Hudson St. Canton

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Effusion

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 8th 1876

Undertaker, Hughes & Co

Place of Business, 658 Broadway

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Eastern Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be accertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9648,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Bernard Wills Jr.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 10 Months, 2 Days.

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 372 W Baltimore St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 806 W Pratt St

Cause of Death, { First (Primary,) ~~Local~~ Pneumonia
{ Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Westminster

Date of Burial, 8th May

Undertaker, J. Finnegan

Place of Business, 311 Baltimore St W

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. X 9649. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th May

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Keller.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* 9 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. } 312 N.W. Corner of Orleans and Durham St.

Cause of Death, { First (Primary,) Atrophia infantum. / Second (Immediate,) Apoplexia,

Duration of ~~Last~~ Sickness, since birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 8th. Robert Shelton M. D.

Medical Attendant.

Undertaker, Hendelin Dippel

Place of Business, W. Bond st. 151 *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

Date of Death, May 6th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kitty Jones

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 43 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot Co. Md

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, { Give street and number. } 85 Leadenhall St

Cause of Death { First (Primary) Inflammation of Congestion of the Brain
Second (Immediate) Convulsions

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Methodist Cemetery Dallas Street

Date of Burial, May 8th 76

Undertaker, Samuel W. Chase

Place of Business, 1428 Howard st *Address* 161 E. Pratt St

Sol Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

6 9

...Health, City of Baltimore,

Permit No. 9150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emerald Ann Ensor

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, Blk *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Waiter

Birthplace, { State or country (and how long in the United States if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and number. } 4 Cypress St

Cause of Death, { First (Primary,) Phthisis Pulmonalis

{ Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery Laurel Hill Cemetery

Date of Burial, May 8 1876

Undertaker, P. H. Chase M. D.

Place of Business, 101 Light St *Address* 249 Light

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 9. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 9652

[illegible] City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

Date of Death, May 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 46 N. Castle St

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) Exhaustion from

Duration of Last Sickness, since birth

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 9 1876

Undertaker, Geo. Kane

Place of Business, 46 N. Castle St

S. G. Rusk M. D.

Medical Attendant.

Address Balto & Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION . And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and, if he neglected so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th May 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Margaretta Dotterwich

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~1 Years.~~ 4 *Months,* 1 *Days*

Color, Wh. Fe

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dandley St. Canton

Cause of Death, {First (Primary)} Spina bifida hydrocephalus congenita.

{Second (Immediate,)} marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician

Place of Burial, Mount's

Date of Burial, May 8th 1876

Undertaker, John Lynch

Place of Business, 77 Wolfe St Address 24 E. Baltimore

C. Fletcher M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

Date of Death, May 7th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Paul

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 76 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Widow~~

Occupation, Tobacco Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, { Give street and number. } No 411 Conway St

Cause of Death, First (Primary,) Asthenia

Second (Immediate,)

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 9th 1876

Undertaker, Charles F Herold

Place of Business, 161 Hanover St

T. C. Busch M. D.

Medical Attendant.

Address 121 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 9153

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the undertaker or other person superintending the burial, within *twenty four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie ~~of~~ William Montgomery

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* —— *Months,* 5 *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 10 Hammond Alley

Cause of Death, {First (Primary,) Second (Immediate,)} Hemorrhage of Umbilical Cord

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Potter's Field

Date of Burial, May 9th 1876

{*Undertaker,* Chas Sheeper
Place of Business, Balt & Chester Sts}

A. Caldwell Ireland M. D.
Medical Attendant.

Coroner Eastern District

Address 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Grissler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3½ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Cor Gilmer & Presbman Sts

Cause of Death { First (Primary,) Nural Nutrition

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, May 9

Undertaker, C H Stigord

Place of Business, 801 Pennsa

H. S. Latimer M. D.
Medical Attendant.

Address 218 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Per... 1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen May Livingston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 14 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 871 North Central Ave

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Organic disease of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, May 9th

Undertaker, Geo. Schilling

Place of Business, Cor Fitzsmith & Monument St Address 18 Aisq

Geo. H. Hopson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Schnaly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ten *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, Three weeks about

Place of Death, {Give street and number.} 19 S Green St

Cause of Death, {First (Primary,) Convulsion

{Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetary

Date of Burial, May the ninth

Undertaker, Philip H. Gill.

Place of Business, no. 183 Columbia St

M Hammond M. D.
Medical Attendant.

Address 55 N Paca St

Back

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Peri[illegible]1879.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Schulz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Residence 21 E Fayette between of Front Pear

Cause of Death, First (Primary.) Accidental Drowning

Second (Immediate,) Asphyxia

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 10th 10 a.m

Undertaker, Robt Peel

Place of Business, 233 E Balto

Edwin A Walter M. D.
Medical Attendant.

Corner 10 & P. Station

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] of Health, City of Baltimore,

Per[illegible] 1160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma G. Lewis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } S. Clement St

Cause of Death, { First (Primary,) Scrofula

{ Second (Immediate,) Tuberculosis Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9th 1876

Undertaker, Thos. J. Penn

Place of Business, 263 Light

Rhodes Carter M. D.
Medical Attendant.

Address 146 Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

Date of Death, May 7th

Full Name of Deceased, { Write legibly and spell correctly. If an infant unnamed, give names of parents. } Mary Bryan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 *Years,* 2 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 486 Eight St

Cause of Death, { First (Primary,) Hypertrophy of the Heart

Second (Immediate,) with disease of the Aortic Valves

Duration of Last Sickness, 2 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 11th 1876

Thomas Corkran M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 269 Light Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

Per... 1876.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

Date of Death, May 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Carpenter

Birthplace, {State of Country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Jessien St.

Cause of Death, First (Primary,) "Consumption"

Second (Immediate,) One Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery S. T. Knight M. D.

Date of Burial, May 10th 1876 Medical Attendant.

Undertaker, Anderson Lutz

Place of Business, 112 Lloyd Street Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 1113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adelia Bornemann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Two Months, Ten Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Infant

Occupation, Infant

Birthplace, { State or country (and how long in the United States if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 836 W. Pratt St.

Cause of Death { First (Primary,) Cerebro Meningitis / Second (Immediate,) Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 9 May 1876

Undertaker, J. C. Peebles

Place of Business, 56 Front & Ohio Address 43 Cumberland

H. Hiden M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Baltimore,

Office of Registrar of Vital Statistics.

Ward 4th Chief

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

Date of Death, May 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Wallace

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Union St

Cause of Death, {First (Primary,) Second (Immediate,)} Convulsions One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9th 1876

Undertaker, Wm H Bishop Jr

Place of Business, 100 Druid Hill Ave *Address* 209 N. Biddle St

J E Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[Over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9465.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Battie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Ensor St.

Cause of Death, {First (Primary.) Meningitis / Second (Immediate.)

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mayo Town Bion

Date of Burial, May 9th 76

Undertaker, Wm A. Lange

Place of Business, [illegible] Ensor St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

(Transit-1638)

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Gephart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and number.} 3, Clark St

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, May 10"

Undertaker, A. Heaney

Place of Business, Montgomery & Light

A. H. Dodge M. D.
Medical Attendant.

Address 207 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

Date of Death, May 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Ann Cummings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland Resident of United States 42 years

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 117 N. Fremont

Cause of Death, First (Primary.) Pneumonia

Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, May 10th 1876

Undertaker, Thurber & Co

Place of Business, 55 Fayette St

Edwd F. Michael M. D.
Medical Attendant.

Address 279 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9668.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Webb

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 7 *Years,* 7 *Months,* 22 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State of country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 75 Eastern Av.

Cause of Death, { First (Primary,) Epileptic Convulsions
Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, N. E. Cor Patterson Pk & Gay

Date of Burial, May 10th

Undertaker, Michael Tracy *Address* 27 S. Broadway

Place of Business, No 35 Bank St.

J. T. Bauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9669.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th May 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, May 10. 1875

Undertaker, ~~[illegible]~~ Gaspe Saffran

Place of Business, ~~156 Division St~~ 121 N. Gay Saffran Eutaw.

Mastany Brewer M. D.
Medical Attendant.

Address 201 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9670

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Loraine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number.} 15 New Street.

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 9th 1876

Martin Brewer M. D.
Medical Attendant

Undertaker, Saml Bowser

Place of Business, Baltimore Address 20 & 22 Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

...ore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry William Bagen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 5 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mechanic

Birth-place, {State or country (and how long in the United States, if of foreign birth.} Meissen Königreich Sachsen

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 38 Bruno Street

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Confined to bed 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 10th

J. H. Gibbons M. D.
Medical Attendant.

Undertaker, Henry Bruhn

Place of Business, Henrietta Store Address 47 Eastern Avenue Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

KODAK

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L. Dunbolton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 0.5 *Years,* *Months,* 5 *Days.*

Color, White,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State the country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 0.5 Mos 1 Life.

Place of Death, {Give street and number.} 410 N. Eutaw St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 18 Months,

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, May 10th 1876

Undertaker, W. W. Jenkins & Son

Place of Business, 16 S. Eutaw St

John L. A. Bloze M. D.
Medical Attendant.

Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Baltimore,

Permit No. 9173

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th June

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fran Hagerman

Sex, ~~Male.~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 0 *Months,* 2 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 47 French St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 281 Madison St

Cause of Death, { First (Primary,) Measles

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th 1876

Undertaker, Jacob Weaver

Place of Business, 405 4 & 6 Druid Hill Ave

W. H. Brown M. D.

Medical Attendant.

Address Eutaw House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

Permit No. 9674 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } May Cork

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 91 *Months,* 9 *Days.*

Color, White *Sex,* ~~Male~~ Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Spinster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, [redacted] 61 years

Place of Death, { Give street and number. } 276 N Howard ~~Old Asylum~~ ~~27th Ward~~

Cause of Death, { First (Primary,) ~~27th Ward~~

{ Second (Immediate,) Old age

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bellemound Cem

Date of Burial, May 10th

Undertaker, M A Daiger

Place of Business, 96 S Eutaw St

E Inman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Health, City of Baltimore,

Permit No. 9675 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Grab

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Married

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Maryland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 241 Gough bet. Chester & Castle

Cause of Death, {First (Primary,) Cataarh / Second (Immediate,) Phthisis pulmonalis

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 9th "

Undertaker, W R Baign

Place of Business, 19 S Broadway *Address*

W K Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Thompson.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 19 *Days.*

Color, Black. *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Maryland.

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 99 Moores Alley

Cause of Death, First (Primary,) Acute Meningitis

~~Second (Immediate,)~~ Hydrocephalus.

Duration of Last Sickness, 2-2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10th 1876

J. Shotwell Townsend M. D.
Medical Attendant.

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St

Address 216 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...Health, City of Baltimore,

Permit No. 9677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

Date of Death, 8th May 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James A Bruns

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 36 *Years,* 10 *Months,* *Days.*

Color, Mulatto ~~Sex,~~

~~Married, Single, Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot Co. Md

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, { Give street and number. } 15 Jun Alley

Cause of Death, { First (Primary,) Consumption / Second (Immediate,) 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woxford, Talbot co.

Date of Burial, May 10th 1876

M. D.
Medical Attendant.

Undertaker, Wm James Jr

Place of Business, 65 Mulberry St *Address* 166 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 4391

[OVER.

Board of Health, City of Baltimore,

Permit No. 9678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, [illegible] *Years,* 1 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } In 24 Cohens Alley

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, May 10th 1876

Date of Burial, Lowell Cemetery

Undertaker, Wm J Gray.

Place of Business, 66 Hillen St. *Address* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case came under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of the births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Hogan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Stone Mason

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No. 17 Canal Alley -

Cause of Death, First (Primary,) ...

Second (Immediate,) Uremia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 10th 1876

J. K. Merrick Jr. G. S. Laughlin M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 630 N Gay St *Address* 131 & 129 Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Egbert Dwight Hopkins

~~Sex,~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 44 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk Sustinance Steward U. S. Army

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Sand Lake New York State

Duration of Residence in the City of Baltimore, 11 Years

Place of Death {Give street and number.} 918 N. Stricker St.

Cause of Death, First (Primary,) Pleuritis

Second (Immediate,) Pericarditis

Duration of Last Sickness, 8 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th 1876

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St. *Address* 144 Mulberry St.

J. H. Butler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Burke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. Cor. Lisp and Conway

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, St Peters Newts

Date of Burial, May 10 1876 D. W. Webster M. D. Med. Attendant.

Undertaker, W J Dickman

Place of Business, 65 S. Eutaw St *Address* 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9182

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Augustus Horsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ___ *Years,* 2 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 44 Peach Alley

Cause of Death, {First (Primary.) Cystic tumor, in the cavity of the left pleura,
Second (Immediate,) Spasms

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician

Place of Burial, Sharp St. Cemetery

Date of Burial, May 10 1876

Undertaker, I. Davis

Place of Business, 103 Lee Street

R. C. Lee M. D.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9183.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th day of May

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Columbus Umbrage

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, ____ *Sex,* White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } No 100 Poppleton St Baltimore

Cause of Death, First (Primary,) Copilary Bronchitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10

Undertaker, J B Cook

Place of Business, West Baltimore St *Address*

J. Montgomery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura May Sterling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 419 Ellwood Street.

Cause of Death, First (Primary) Scarlet fever.

Second (Immediate,) Dropsy. Pericardiac Effusion

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 11th 1876

Harry Brewer M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 1044 Druid Hill Avenue Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

Date of Death, Baltimore May 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Jane Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty four *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, continued

Duration of Residence in the City of Baltimore, continued

Place of Death, {Give street and number.} No. 27 Hamburg St

Cause of Death, {First (Primary.) Second (Immediate.)} Nephritis Pneumonia

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery J. B. Dyer

Date of Burial, May 10

Undertaker, Hercules Ross

Place of Business, 180 Eastern Ave *Address* No. 146 Hill St *M. D.*

Medical Attendant.

Baltimore MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Gordon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, — *Years,* — *Months,* 7 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 Mc Elderry Street

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery James Steuart M. D.

Date of Burial, May 10 " 1876 Medical Attendant.

Undertaker, Jed F. Jones

Place of Business, Sexton Address Commissioners Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Henrietta Glascow Midwife

Board of Health, City of Baltimore,

Permit No. 9187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Finney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 72 Elbow Lane

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} No 72 Elbow Lane

Cause of Death, First (Primary,) Enteric Diarrhoea

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Thos. H. Ones M. D.

Date of Burial, May. 10. 76 Medical Attendant.

Undertaker, Samuel Wilson

Place of Business 178 W. Howard st Address No 23 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

Date of Death, May 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frances Eliza Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 3 *Months,* 6 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 108 Brunswick st

Cause of Death, { First (Primary,) Antheria Nodosa

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, May 10th

Undertaker, Chas Scriven

Place of Business, 271 Eutaw st *Address* 23 W Cullen st Balto

C Brunsland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th May 1876. near midnight

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodor Wiegel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number.} N. Front Street 119

Cause of Death, {First (Primary,) 7 Angina pectoris
Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Trinity Church Cemetery William Henkel M. D.
Medical Attendant.

Date of Burial, May 11th 1876

Undertaker, J. Wm Frey

Place of Business, 91 Exeter St. *Address* S. Wolfert's Alley.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 9690

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wd 10th 1876

Full Name of Deceased, {Write legibly. If you spell correctly. If infant not named, give names of parents.} Cornelius Tyson Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 353 Mulberry St.

Cause of Death, First (Primary,) Concussion (Fall)

Second (Immediate,) Cerebro-Spinal Meningitis (Traumatic)

Duration of Last Sickness, 3 1/2 Days

All the above information should be furnished by the Physician.

Place of Burial, Lauren Park

Date of Burial, May 11th

Undertaker, Jacob Weaver

Place of Business, 476 Druid Hill Ave

R. C. Lee M. D.
Medical Attendant.

n. u. ca

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during the or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9691

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen McKinn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 86 N. Exeter

Cause of Death, First (Primary.) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 11th

Undertaker, Jas P Bry[illegible]

Place of Business, 63 [illegible]

Geo. B. Reynolds M. D.
Medical Attendant.

Address 84 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case has come under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9692

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} John & Elizabeth Sprigg Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* One *Months,* — *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 Peach alley

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) Atrophy

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *James A. Steuart* M. D.

Date of Burial, May 11th 1876

Undertaker, Saml. W. Chase *Address* Commiss of Health & Registrar

Place of Business, S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Caroline Fisher midwife

[OVER.

...Health, City of Baltimore,

Permit No. 9693

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1876

Full Name of Deceased, { Write plainly and spell correctly. If an infant not named, give names of parents. } Thomas H. Freeland

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 63 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot Co: Maryland

Duration of Residence in the City of Baltimore, Forty nine (49) years

Place of Death, { Give street and number. } N.E. Cor. Baltimore & Fremont Sts.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 11th 76 Christ. Johnston M. D.

Medical Attendant.

Undertaker, John. H Weaver

Place of Business, 14 N. Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 5. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Cornish

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 291 Hamburg St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 11 76

Undertaker, Samuel W. Chase

Place of Business, 198 Howard St

R. M. Hall M. D.
Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Health, City of Baltimore,

Permit No. 9495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

Date of Death, May 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Allen Pettit

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* ~~5~~ 5 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No. Mrs. Ebaugh's

Cause of Death, First (Primary) Catarrh

Second (Immediate,) Catarrh suffocation

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th 1876.

Undertaker, Wm. H. Hickman

Place of Business, 234 & 236 E. Gay St.

Milton N. Taylor M. D.
Medical Attendant

Address 100 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 9696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

Date of Death, May 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred C. Heckrotte

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country if born in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 236 Williams

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park, Co

Date of Burial, May 11 "

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

S. P. Hoffman M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9697

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

Date of Death, May 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Louise Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 121 Barnett St

Cause of Death, First (Primary,) Inflamation of Lungs and membranes

Second (Immediate,) Erysipelas and Exudation

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 12th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 250 Eutaw

J. Thomas *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther H. White

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, Seven days

Place of Death, {Give street and number.} No. 30 South Broadway

Cause of Death, First (Primary,) Cirrhosis of Liver & granular degeneration of Kidneys

Second (Immediate,) Debility

Duration of Last Sickness, Present 14 days (but had been complaining a good while)

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 12 1876

E. P. Sons M. D.

Medical Attendant.

Undertaker, M. A. Daiss

Place of Business, 174 S. B'way Address 486 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9199

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore May 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Brown

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Fifty four *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the ~~four~~ is not required in this line.} Married

Occupation, Waggoner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co, Maryland

Duration of Residence in the City of Baltimore, Twenty Six Years

Place of Death, {Give street and number.} No 6. Arch alley

Cause of Death, {First (Primary.) Exposure et Pericarditis / Second (Immediate,) Phthisis et Hydrothorax

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 11

Undertaker, Hercules 2033

Place of Business, 180 W. Saratoga St

J. D. Dyer M. D.
Medical Attendant.

Address No. 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

°The Physician who attended any person in a last illness is responsible for the preservation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Caleb Morton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 48 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and number. } 215 Druid Hill Ave

Cause of Death, { First (Primary,) insane for 20 years
Second (Immediate,) Cerebritis

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodvale P G Co Md

Date of Burial, May 12th

Undertaker, Chas A. Blizzard

Place of Business, Cor Penn Ave & Dolphin *Address* Cor. Dolphin & Druid Hill Ave

G F Adams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 21 40)

[OVER.

Board of Health, City of Baltimore,

Permit No. 9701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Seds Hutchins

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, ____ *Years,* 9 *Months,* 11 *Days.*

Color, White *Sex,* 7

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 768 N Gay St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 14th 1876

Undertaker, Jacob Weaver

Place of Business No 4 & 6 Druid Hill Avenue *Address* 55 Shapr

W. C. Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[COVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 1/ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 103 N. Chappel

Cause of Death, First (Primary,) Jaundice

Second (Immediate,) ____

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Dallas st burying ground John H Conner M. D.

Medical Attendant.

Date of Burial, May 11th

Undertaker, Geo T Jones Address 286 E. Balt st

Place of Business, 162 S. Dallas st N. W. Cor Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9713,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11th. 876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wells

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Harmony L.

Cause of Death, First (Primary,) Cardiac

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery Chas. H. Leas M. D.

Date of Burial, Th 12th of May Medical Attendant.

Undertaker, L. Kimmell

Place of Business, 317 Mulberry St Address 428 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Collins

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Day labour

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hagerstown Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } 70 Pine st

Cause of Death, { First (Primary,) Pulmonary Consumption
{ Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown

Date of Burial, May 10th 1876

Undertaker, Jacob Weaver

Place of Business, 416 Druid Hill Ave

D. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

Date of Death, May 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Hoken

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 60 years *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, About ten years

Place of Death, {Give street and number.} Vincent alley near Saratoga St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11th 1876

Undertaker, Wm. H. Dunger

Place of Business, 120 & 104 East St.

Silas Baldwin M. D.
Medical Attendant.

Address 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9706

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1876 BALTIMORE

Date of Death, 11th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia O'Mary Ross

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 11 *Days.*

Color, White

Sex,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 mos 4 days

Place of Death, {Give street and number.} 238 N Wolf st

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Tubercular Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 12 1876

Wm. H. Russell M. D.
Medical Attendant.

Undertaker, Henry Stock

Place of Business, 20 Central Ave Address Broadway & Madison sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

Date of Death, May 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander W Poulson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and if in the United States, state or territory), if of foreign birth.} Phila. Pa

Duration of Residence in the City of Baltimore, about 55 years

Place of Death, {Give street and number.} 327 W Lafayette St

Cause of Death, {First (Primary.) Paralysis

Second (Immediate.)

Duration of Last Sickness, Two hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 13th 1876

M. Hammond M. D.
Medical Attendant.

Undertaker, Jas Loane

Place of Business, 868 W Balto St Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

Date of Death, May 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ralph McMahon

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, May 15th 1876

Undertaker, Jos F Lynch

Place of Business, 519 Fleet St

Edwd J Mulholland M. D.
Medical Attendant.

Address 27 G. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

Date of Death, 11th of May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter ~~Hall~~ Stahl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~four~~ Years, Months, 7 Days.

Color, White *Sex,* ~~F~~ Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Gay St. corner of Mott St.

Cause of Death, First (Primary,) Febris gastrica

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 12th 1876

Fred. Hess M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam'l M Harris

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Sex,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 39 Henrietta

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 12, 1876

W. W. Owings M. D.
Medical Attendant.

Undertaker, Armstrong & Denny *Address* 166 W Fayette St.

Place of Business, 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9711,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

Date of Death, May 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet E Coulter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Five *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 436 E Fayette Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Dale Cemetery

Date of Burial, May 12 76

Undertaker, Wm Fry

Place of Business, 54 N Broadway

Milton A Taylor M. D.
Medical Attendant.

Address 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9712

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

Date of Death, May 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert A Morgan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Agnes Hospital

Cause of Death, First (Primary,) Cold

Second (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Hunts Lane M. D.

Date of Burial, May 12 1876

Undertaker, H. S. Leuthen

Place [redacted] E Fremont St. *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Annie Morgan — mother —

[OVER.

Board of Health, City of Baltimore,

Permit No. 9713, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Woodmiller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 12 *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore, That time

Place of Death, {Give street and number.} Home of the Friendless

Cause of Death, First (Primary,) I do not know any thing about the case

Second (Immediate,) except that the mother called my attention to

Duration of Last Sickness, the child on May 11th - saying it was Costive, I ordered

All the above information should be furnished by the Physician. a dose of oil & the child died

Place of Burial, Mount Olivet Cemetery Wm E. Harrison Jr M. D.

Medical Attendant.

Date of Burial, May 12th 1876

Undertaker, Jacob Weaver

Place of Business, 1544 Druid Hill Ave *Address* Centre near St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, setting forth, as far as practicable ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9714.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Weygrand.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female.

Age, 21 *Years,* 10 *Months,* 22 *Days.*

Color, White *Sex,* Female.

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. } Single.

Occupation, Milliner.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 12 Enser St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, 11 May 2 o'Clock

Undertaker, George C Robinson

Place of Business, 38 Enser St

Jno. F. Powell. M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 12 1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lafones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 191 S. Durham St.

Cause of Death, {First (Primary,)} Bronchitis

{Second (Immediate,)} Ten weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 13, 1876

Undertaker, Albert Bruer

Place of Business, 11 S. Wolf St

A. F. Erick M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9716.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Barbara Bauer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Geisingen, Bavaria

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 198 S. Chapel Street

Cause of Death, {First (Primary,) Hypraemic Cachexia / Second (Immediate,) Apoplexia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Loudon County

Date of Burial, May 15th 1876

Undertaker, Geo Frechtling

Place of Business, 839 Caton Av

F Kathrens *Medical Attendant* M. D.

Address 245 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Bowie

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, Twenty two *Years,* *Months,* Two *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Washer woman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cambridge

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, { Give street and number. } No 8 Chestnut Ave.

Cause of Death, { First (Primary,) ; Second (Immediate,) Consumption

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12 1876

Undertaker, W. McCrase

Place of Business, No 194 Howard St

B. F. Herman *M. D.*
Medical Attendant.

Address No 115 Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9718.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. Samuel R Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* 19 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 57 Cathedral Street

Cause of Death, { First (Primary,) Acute Cellulitis ending in a large circumscribed abcess in left hypochondrium

Second (Immediate,) Fatal Syncope

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Riffin Buckler M. D.

Date of Burial, May 14th 1876. Medical Attendant.

{ *Undertaker,* H. W. Perkins

{ *Place of Business,* 16, Light St *Address* 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9719

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1 1911 BALTIMORE.

Date of Death, May 10 1911

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Davis.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 1 *Months,* 15 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the wor ls not required in this line.}

Occupation, Watchman.

Birthplace, {State or country (and how long in the United States if of foreign birth.} Baltimore (Md)

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 531 N. Chapman Pl.

Cause of Death, {First (Primary,) old age.
{Second (immediate,)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician

Place of Burial, Old Catholic Cemetery. J. E. Brien M. D.
Medical Attendant.

Date of Burial, May 13

Undertaker, J B Cook

Place of Business, 707 W Pratt Baltimore *Address* 375 N. Chapman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible] and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1876 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, May 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Salome F. Padgett

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt., Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 6 S. Broad St.

Cause of Death, {First (Primary.) Scarlet Fever, malignant, Second (Immediate.) Meningitis

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 14 1876

Undertaker, W. F. Fry

Place of Business, S. Broadway

S. Manville Lusk M. D.
Medical Attendant.

Address Balt. & Mach. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12, 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Heinlein

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male,

Married, ~~Single, Widower or Widow~~, { Cross out the words not required in this line. }

Occupation, Shoe maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } Baltimore City Jail

Cause of Death, { First (Primary,) Heart disease,

Second (Immediate,)

Duration of Last Sickness, 1 day,

All the above information should be furnished by the Physician.

Place of Burial, Luthern Cem. Druid Hill Park

Date of Burial, May 13th 1876

L. H. Hirsch M. D.
Medical Attendant.

Undertaker, Ph. J. Dill

Place of Business, 783 Columbia av, *Address* 75 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James & Mary L. McCurley Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One hour ~~Days.~~

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 766 W. Balto St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet James A. Owens M. D.

Date of Burial, May 13th 1876

Undertaker, I. B. Cook Address Commrs of Health & Registrar

Place of Business, 707 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Anna Dunkler Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

Date of Death, May 13th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Wallace

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* 9 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 229 Conway St

Cause of Death, {First (Primary,) Inflammation of Brain
Second (Immediate,) Hydrocephalus.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 15th May 1876

Undertaker, Hy W. Jenkins Son

Place of Business, 16 Light St

A Flemming M. D.
Medical Attendant.

Address 762 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9724,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Blk *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Vine Street

Cause of Death, {First (Primary,) Cold. Second (Immediate.) Congestion of Lungs

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *James A Steuart* M. D.

Date of Burial, May 13th 1876 Attending Physician

Undertaker, Saml. W. Claes Commiss of Health

Place of Business, S. East ave & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Rachel Holliday Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 13 1976

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Hammond

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hartford Co Md

Duration of Residence in the City of Baltimore, 47 yrs

Place of Death, { Give street and number. } 15 & N. High St

Cause of Death, { First (Primary,) Chronic Gastro Enteritis

{ Second (Immediate.)

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, May 13 1876

Dr. Mitchell M. D.
Medical Attendant.

Undertaker, Thos H Hughes

Place of Business, E Balle St *Address* 12 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin R Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} No 5 St James St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Non Oxidization of blood

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 13 1876

Geo Wells M. D.
Medical Attendant.

Undertaker, William V Dorsey

Place of Business, No 104 Eastshot Address 18 S Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9727 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate F. Redgrave

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1118 N. Green

Cause of Death, First (Primary,) Subcerebral Hemorrhage

Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 15th 1876

Undertaker, McCoull Bro

Place of Business, Saratoga St

G. Grillenberger M. D.
Medical Attendant.

Address 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9728 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys County Md

Duration of Residence in the City of Baltimore, Six (6) Years

Place of Death, {Give street and number.} 41 Little Parish St

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, About Eight Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 14 1876

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, L. B. Cooke

Place of Business, 707 W. Baltimore St *Address* 432 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MAY 13 1876

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Bohn.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Fifty three *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} No 6. Curley St.

Cause of Death, {First (Primary,) ———

{Second (Immediate,) Suicide, (by gun shot)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery W. C. Ireland M. D.

Date of Burial, May 13th 1876 Medical Attendant.

{*Undertaker,* H. M. Gilmeyer Coroner E. Deeb.

{*Place of Business,* 341 Canton Ave *Address* 1178. Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 54 Hoffman Alley

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Between three & four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15th 1876

Undertaker, William E. Gray.

Place of Business, 60 Hanover St

Benjamin L. Rosenau M. D.
Medical Attendant.

Address 154 N. Carey St
Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elizabeth Engel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 36 *Years,* 2 *Months,* 24 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} S. E. cor. Aliceanna & Bethel

Cause of Death, {First (Primary.) Parturition / Second (Immediate,) Puerperal Convulsions

Duration of Last Sickness, Twelve Hours

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery Hartford Road

Date of Burial, May 13th

Undertaker, George Kerr

Place of Business, 24 S. Eden Street

Marie R. Rudiger M. D.
Medical Attendant.

Address 134 N. Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Phillip Turner

~~Sex,~~ *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, Three *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* ———

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Three years.

Place of Death, { Give street and number. } No 2 Ivy Alley

Cause of Death, First (Primary,) Tubercular Phthisis

Second (Immediate,) Sudden interstitial effusion of Lungs

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12/1876

J H Starr . M. D.
Medical Attendant.

Undertaker, W. H. Gray

Place of Business, 68 Mulberry St *Address* No 16 N. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9733,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Allen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 20 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 223 Linden Co

Cause of Death, {First (Primary,) Rheumatism; Second (Immediate,) Heart-clot}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Easton, Talbot Co, Md. W. Suffitt M. D.

Date of Burial, May 15th 1876 Medical Attendant.

Undertaker, Wm. James Gray

Place of Business, 65 Mosher St Address 187 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit #141)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9734.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Gaubatz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixteen *Years,* Eleven *Months,* Twenty *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give street and number.} 124 Gaubard Street

Cause of Death, First (Primary,) Cerebral Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A Friedenwald M. D.

Medical Attendant.

Date of Burial, May 14/76

Undertaker, C. H. Rossing

Place of Business, 136 E Fayette *Address* 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

TURN OVER.

Board of Health, City of Baltimore,

Permit No. 9795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie McTeedy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co. Md

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} 20 N. W. Balto. Str.

Cause of Death, {First (Primary,) Diptheria.
Second (Immediate,) do —

Duration of Last Sickness, 9 or 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Centre Dale Queen Anns Co. Md

Date of Burial, May 14th 1876

Undertaker, Henry H Mears

Place of Business, 45 N Eutaw St *Address* 86 S. Fayette St

H. R. Dehuff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit of 12)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 mo. 12 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Virginia Martin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 2 month *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 469 Saratoga S.

Cause of Death, First (Primary,) Scalatina

Second (Immediate,)

Duration of Last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14 " 1876

Undertaker, Jno. B. Walker

Place of Business, 154 Camden St

W. Riley. *M. D.*
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9737.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate.

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Asthenia from birth - too feeble to nurse
Second (Immediate,) Spasms

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, May 14, 1876

Undertaker, Saml Bowers

Place of Business, 157 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Bedale St.

[illegible] *Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis D. Lienlaeth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* One *Months,* Seventeen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 448 West Fayette St.

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Uraemia

Duration of Last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, May 14th

Undertaker, J. B. Cook

Place of Business, No. 407 W. Baltimore Street

J. P. Hammond M. D.
Medical Attendant.

Address N. E. Cor. Calhoun & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Eagle and St. No 231

Cause of Death, { First (Primary,) Cerebral Hemorrhage

Second (Immediate.) Apoplexy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, May 15

M. D.
Medical Attendant.

Undertaker, J. L. Chalmers *Address*

Place of Business, 262 Pen ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9740,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida B. Van Sickle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 13th

Undertaker, M. A. Fraser

Place of Business, 74 & 28th Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9741.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If a child not named, give names of parents.} Laura Banks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Eastern Shore

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 28 Wayne St

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,) Do —

Duration of Last Sickness, 3 or 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 14th 1876

Undertaker, Thos Wales

Place of Business, Wave St

M Hammond M. D.
Medical Attendant.

Address 53 N Paca St
Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

Date of Death, May 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roy S. Bowie

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 196 Warren St.

Cause of Death, {First (Primary,) Scarfuld {Second (Immediate,) 9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, May 13 76

Undertaker, Samuel H. Chase

Place of Business, 192 S. Howard St

H. M. Hall *M. D.*
Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Burns

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, W. *Sex,* F

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 87 S. Spring St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery H. T. Reynolds M. D.

Date of Burial, May 14 1876 Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 N Room 11 *Address* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT MAY 13 1916 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th May 1916.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Hopfner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 1641 Eastern st. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1641 Eastern st. Baltimore

Cause of Death, First (Primary,) Heart Dis.

Second (Immediate,) Diphtheritis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 14 May 1916 Dr. J. Lee Keese *M. D.*

Medical Attendant.

Undertaker, George Buchhop

Place of Business, Canton ave No 93. *Address* 1641 Eastern ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. R. Reed

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} 627 Eight St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 mon.

All the above information should be furnished by the Physician.

Place of Burial, Catto Cemetery

Date of Burial, May 14th 76

Undertaker, C. H. R. Coons

Place of Business, 209 Hanover St. *Address* 108 S. Sharp St.

J. B. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Parrish St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Spasms

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15

Undertaker, J B Cook

Place of Business, 707 West Baltimore Address 91 Frederick Ave

Geo H Dare M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9747.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Flynn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 16 Fishmarket Space

Cause of Death, First (Primary,) old age

Second (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, May 15 1876

Undertaker, James S Byrne

Place of Business, No 68 N Front St

P. F. Dance, M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or be subjected so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hollen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line,} Female

Age, Years, 7 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~,

Birthplace, {State or country (and how long in the United States if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 82 Cambridge st

Cause of Death, {First (Primary.) Meningitis (Tubercular)
Second (Immediate.)}

Duration of Last Sickness, ~ 10 days ~

All the above information should be furnished by the Physician

Place of Burial, Old Quarrel Bank by

Date of Burial, May 15th 1876

Undertaker, Henry Sander

Place of Business, 263 Pinder Av

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT MAY 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13-'76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Rosenthal.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 32 Penna. Avenue

Cause of Death, First (Primary,) Scarlatina Maligna.

Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Cemetary

Date of Burial, May 15 th

Undertaker, Jno Schilling

Place of Business, 72 Penn ave.

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Hill

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 344 Pine Street

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 15th 1876

Undertaker, Wm James Gray

Place of Business, 63 Mulberry St

Geo H. Zepp M. D.
Medical Attendant.

Address ~~#~~ 17 Waverly Terrace
Franklin Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Emma Blaze

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* 15 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During her life

Place of Death, {Give street and number.} 3 Cross St (alley)

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Stuck two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15th

Undertaker, Wm J Gray

Place of Business, 15 Hanover st

Ralph F Fortune M. D.
Medical Attendant.

Address 152 Franklin St. cor Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9752, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Paul Lerering

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days.*

Color, White

Sex Female

Married, ~~Single~~ *Widow* ~~Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia Unknown

Duration of Residence in the City of Baltimore,

Place of Death, { Give street number. } 104 West Monument St

Cause of Death, { First (Primary,) Bright's Kidney
{ Second (Immediate,) Uraemic Coma.

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Eugene Bucher M. D.

Date of Burial, May 15th 1876 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave Address 138 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

Date of Death, May 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 Years, 4 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co., Md.

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} No. 19 Church St.

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Natural Causes

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Boston Cemetery

Date of Burial, May 15th 1876

Undertaker, Armstrong & Perry

Place of Business, 263 Light St.

Residence, N. W. cor. Hanover & Barre sts.

R. C. Lee M. D.
Coroner B. C.,
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} William A. Wells

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 344 Mr Donough st

Cause of Death, First (Primary,) Tumor of the Spine, (congenital)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery James A Evans M. D.

Date of Burial, May 15 1876

Undertaker, Geo. Schilling

Place of Business, cor Aisquith & Monument st Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Amanda Manne Midwife

[OVER.

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9755.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14 1876

Full Name of Deceased, {Write plainly and spell correctly. If an infant not named, give names of parents.} Emanuel Simon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 8 months

Place of Death, {Give street and number.} 104 S. Broadway

Cause of Death, First (Primary,) Consumption of the Lung

Second (Immediate,) ____

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician

Place of Burial, Lloyd St Cemetery

Date of Burial, May 16 1876

Wm R Arnold M. D. Medical Attendant.

Undertaker, M. Harwood

Place of Business, 87 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hirt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Eight *Months,* ——— *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Chappell St near Chase (No number)

Cause of Death, First (Primary,) Congenital disease of the throat

Second (Immediate,) I have not seen the Child for two Months

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 15 May

Undertaker, ——— C. Ramsey

Place of Business, 136 Fayette

A Hartman M. D.
Medical Attendant.

Address 305 S. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Larabee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about Life

Place of Death, {Give street and number.} 25 Lombard St 255

Cause of Death, {First (Primary,) Pulmonary consumption

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground

Date of Burial, May 16th 1876

J. H. [illegible] M. D.
Medical Attendant.

Undertaker, Jno H. Weaver

Place of Business, 22 West Fayette St *Address* 104 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wittstadt

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 1 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 177 Chapter

Cause of Death, First (Primary,) Dentition —

Second (Immediate,) Convulsions

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, May 15th 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

[signature] M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9759.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johannes Friedrich Dorn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Milliman Ct

Cause of Death, First (Primary,) Spasmus nascentium

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. Chas. J. Kreuder M. D.

Date of Burial, May 15 1876 Medical Attendant.

Undertaker, Henry Flach

Place of Business, 269 Central Ave *Address* 222 N Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Leight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 3 *Months,* 18 *Days*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Co Pa.

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 37 Conway st

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 15 of May

Undertaker, C. Wiegand

Place of Business, 58 Druid Hill Ave *Address* 582 W. Lombard St

D. Entwine M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 22 *Years,* — *Months,* 7 *Days.*

Color, White *Sex,* Mal

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Barbice 4 years in United States

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} No 60 Leadenhall

Cause of Death, First (Primary,) Albuminoid

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Wm Montgomery M. D.

Date of Burial, May 15th 1876 Medical Attendant.

Undertaker, Charles Hobbs *Address* 76 N. Eden St

Place of Business, Cor Sharp & Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McKenz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} No. 112 S. Caroline St.

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) do.

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery E. S. Irons M. D.

Date of Burial, May 15th 1876 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway Address No. 406 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9763,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. D. Foster.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty, Seven *Years,* *Months,* *Days.*

Color, White, *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shipjoiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 119 E. Eden St.

Cause of Death, First (Primary,)

Second (Immediate,) Consumption,

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Lowden Park Cemetery. Nicholas L. Foster, M. D.

Date of Burial, May 16th 1876. Medical Attendant.

Undertaker, Heughes & Co *Address* 207 E. Broadway

Place of Business, 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 9761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bonsel

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, twelve years.

Place of Death, {Give street and number.} 142 Eastern Av.

Cause of Death, {First (Primary,) Organic Disease of the Heart.
{Second (Immediate,)

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 16th 1876

Undertaker, W A Raigh

Place of Business, 79 W Fay

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th. May 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry L. Seibel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rinstadt, Germany

Duration of Residence in the City of Baltimore, 32 Years.

Place of Death, {Give street and number.} No. 113 S. Wolfe St.

Cause of Death, {First (Primary,) Tuberculosis pulmonum

Second (Immediate,)

Duration of Last Sickness, 16 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem

Date of Burial, May 17th 1875

Undertaker, M. A. Quinn

Place of Business, 9 & 11 Bow

Williams Hearn M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

Date of Death, May 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Marion Hale

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty Eight *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, About twenty years

Place of Death, {Give street and number.} 64 Exeter.

Cause of Death, First (Primary,) Hereditary

Second (Immediate,) Consumption

Duration of Last Sickness, About Five months

All the above information should be furnished by the Physician.

Place of Burial, Second Christ Cemetery

Date of Burial, 16 May 11 Oclock

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, George C. Rodemayer

Place of Business, 53 Exeter St *Address* 100 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9767.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Aberdia Burrell

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 4 *Months,* — *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. } 69. Williamson St

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) Since Birth

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *By* Theodore Cook M. D.

Medical Attendant.

Date of Burial 2 May 1876

Undertaker, Samuel M Chase

Place of Business 198 N. Howard

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willison Quarles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 8 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto md.

Duration of Residence in the City of Baltimore, 10 months 8 days

Place of Death, {Give street and number.} 129 Hudson St

Cause of Death, {First (Primary,) Pneumonia
{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Dallas M. Cemetery E. J. Williams M. D.

Date of Burial, May 15th 1876 Medical Attendant.

Undertaker, John W Leech Address 1623 East St.

Place of Business, 53 South Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9769.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

Date of Death, May 12 1876

Full Name of Deceased, {Write legibly—spell correctly. If an infant not named, give names of parents.} Vincent M Talbot

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1045 Lemmon Street Balto

Cause of Death, {First (Primary,) Catarrhal Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Over 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 1876

Undertaker, Wm H Bruce

Place of Business, 104 East st

Residence Balto *M. D.*
Medical Attendant.

Address 1021 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Dreashen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bally City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 E. Biddle St

Cause of Death, First (Primary,) ———

Second (Immediate) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, May 15th 1876

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

James A Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Henry Dreashen sr father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Franklin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 107 S Green St

Cause of Death, First (Primary.) Cancer Uteri

Second (Immediate.) Exhaustion

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16th 1876

Undertaker, Palm & Meacher

Place of Business, No 150 Camden

M. Kenney M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9772

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Coughlan

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 1044 N Eutaw Balto

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of Lungs (2 hours)

Duration of Last Sickness, about 2 days (48)

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 15th 1876.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address*

R. Ridgely Archer, M. D.
Medical Attendant.

No 21 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9973, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sr Agnes Mc Donald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sister of Charity

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 2 Years 4 Months

Place of Death, {Give street and number.} U. of Md. Hospital (Balto Infirmary)

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hope Retreat

Date of Burial, May 16th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Richard McSherry M. D.
Medical Attendant.

Address 189 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~5~~ *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Prestman & Gilmor

Cause of Death, {First (Primary,) Malnutrition

Second (Immediate,) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 15-

Undertaker, E H Hazard

Place of Business, 201 Penn ave

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L Wiley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 8 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster City Pa

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 47 South Poppleton st

Cause of Death, First (Primary,)

Second (Immediate,) Hematuria.

Duration of Last Sickness, About 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 15.

Undertaker, [illegible]

Place of Business, 201 Pennsv

S. Enterline M. D.

Medical Attendant.

Address 582 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

Board of Health, City of Baltimore,

Permit No. 9776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Narcissa

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Preston & Gilmor

Cause of Death, {First (Primary,) Second (Immediate,)} Umb - Nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, May 15

Undertaker, C. Hilgenberg

Place of Business, 201 Penna Ave

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9777.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Young

~~Male~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} No 7 Brewers alley Balt city

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Natural Cemetery

Date of Burial, May 16 1876

Undertaker, John G Jordan

Place of Business, 63 Park Ave.

H H Slye M. D.
Medical Attendant.

Address Robert Liberty st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9778. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

Date of Death, May 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Butler

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* 29 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 240 Conway St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ~~Phthisis~~ Pulmonalis

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Bals Cem

Date of Burial, May 16 - 1876

Undertaker, John H. Rodier & Co

Place of Business, 112 Eutaw Ave & Monument St

[illegible] M.D.

Medical Attendant.

Address 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 9779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Mathews

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Blk. *Sex,* Female

Married, ~~*Single, Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 24 Hours

Place of Death, {Give street and number.} Fine St. Bl. Carlton alley & Schroeder St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17 1876

Undertaker, Wilson & Gray

Place of Business, 20 Hillen St

J. E. Whitelaw M. D.

Medical Attendant.

Address 5911 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

Date of Death, May 15-th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas h Elliott.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 1 *Months,* 7. *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 William st.

Cause of Death, {First (Primary,) Chlolera Infantum.
Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cemetery

Date of Burial, May 17

Undertaker, C. Herman

Place of Business, 209 Glasgow st

J. E. Hamilton M. D.
Medical Attendant.

Address 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

Date of Death, May 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Schultz.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 Johnson St—

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, not Known

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery H. M. Webster M. D.

Date of Burial, May 17th 1876 Medical Attendant.

Undertaker, John S Thacher

Place of Business, No 58 Lombard *Address* 57 Burrel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9782.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

Date of Death, May 15, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha S Coal C.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 y *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 1 y 3 m

Place of Death, {Give street and number.} 54 Saratoga St

Cause of Death, First (Primary,) Burns

Second (Immediate,) "

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Gloucester Co Va

Date of Burial, May 17th 1876

Undertaker, John L Weaver

Place of Business, # 22 W. Fayette St *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 4143)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9783,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Scattell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Wht *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gloucester Va

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} ~~Glances~~ 54 Saratoga St near Howard

Cause of Death, First (Primary,) Burns

Second (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Gloucester Co Va

Date of Burial, May 17th 1876

Undertaker, John H. Weaver

Place of Business, 412 W. Fayette St *Address*

A. O'Reilly *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit #444)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Henry Nicholson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 15 Arlington Ave

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,) 6 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 16th

Undertaker, N. Miller

Place of Business, 86 N. Paca St

A. H. Saxton M. D.
Medical Attendant.

Address 733 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1876 BALTIMORE.

Date of Death, May 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Shedrick Rumble

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 9 *Months,* 28 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} Baltimore Infirmary

Cause of Death, First (Primary,) Omintal Hernia

Second (Immediate,) Peritonitis.

Duration of Last Sickness, Two days and a half

All the above information should be furnished by the Physician.

Place of Burial, W P Field

Date of Burial, May 15th

Undertaker, M H & Sons

Place of Business, 448 W Baltimore

J. H. Clawson M. D.
Medical Attendant.

Address 231 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theo B. Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Caroline St

Cause of Death, { First (Primary,) / Second (Immediate) } Marasmus

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery John H. Sherman M. D.

Date of Burial, May 17 1876 ~~Undertaker~~ Assistant.

{ *Undertaker,* J. F. Byrne Address Commrs of Health
{ *Place of Business,* Liberty St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hanley.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} N Mount St

Cause of Death, First (Primary,) Chronic Cancer (Tibia)

Second (Immediate,) Senile Gangrene

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 16

Undertaker, J F Black

Place of Business, 707 W St Baltimore *Address* 540 Riney St

A D Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9788. 9788 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

Date of Death, May 16th. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Beale Lee

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Seventy four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and number. } No. 19 S. Shroder Street

Cause of Death, { First (Primary,) Softening of Brain

Second (Immediate.) Two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wesley Cemetery Chas. H. Duff M. D.

Date of Burial, May 17 Medical Attendant.

Undertaker, S. B. Crook

Place of Business, 707 West Baltimore Address 306 N. Shroder St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Shaw

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* & a few *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Monahan, Ireland

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and number.} # 56 Old Fleasquith St.

Cause of Death, First (Primary,) Senile Bronchitis & Asthma

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, May 16th 1876

Undertaker, James D Byrne

Place of Business, No 63 S. McHenry

Geo A. Hartman M. D.
Medical Attendant.

Address # 305 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 9790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Richard St. Ernest.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 247 N. Fremont St.

Cause of Death, {First (Primary,) Second (Immediate,)} Abscess of Liver.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 17th 1876

Undertaker, Hughes & Co

Place of Business, 330 Fayette St.

E. M. Park M. D.
Medical Attendant.

Address 245 N. Fremont St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alventa Johns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* 26 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 10 Dunfield st

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 16th 1876

Undertaker, John W Locks

Place of Business, 53 South Wolfe st

D Webster Bethell M. D.
Medical Attendant.

Address 10 Dunfield st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin J. Spence

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 156 Wash St

Cause of Death, {First (Primary,) / Second (Immediate,)} Catarrh

Duration of Last Sickness, Four Days

All the above information should be furnished to the Physician.

Place of Burial, St Patricks Cem

Date of Burial, May 17th 1876

Undertaker, H A Gaegler

Place of Business, 190 S Bond

M. D.,
Medical Attendant.

Address 2 Wilkens

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 6. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th of May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alphonse Joseph Waldheuer

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 70 N. Wolfe St

Cause of Death, {First (Primary,) Cystitis / Second (Immediate,) Eclampsia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Com.

Date of Burial, May 18th 76

Undertaker, Michael Shance

Place of Business, No 280 Canton Ave. *Address* 245 E. Baltimore

J. Tabbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of ——ths and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 9794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA[illegible]

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Frederick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 224 Eastern Avenue

Cause of Death, First (Primary,) Pseudo-membranous Croup

Second (Immediate,)

Duration of Last Sickness, Do not Know, had been in attendance but 2 days prior to death

All the above information should be furnished by the Physician

Place of Burial, Loudon Memorial Cemetery

Date of Burial, May 17th.

Undertaker, H. Lifsel

Place of Business, 1. Bond st 131

James D. McShane M. D.
Medical Attendant.

Address 254 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Akers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} Sight St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 9 years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Ost. Corke

Date of Burial, May 17th A.D. M. D.

Medical Attendant.

Undertaker, Mr Kraus

Place of Business, Hanover St *Address* Conkling & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAY 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonhart Wolzott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 60 N. Charles St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 17. 1876

Undertaker, A. Pinkney

Place of Business, 136 E. Fayette

J. J. Smith, M. D.
Medical Attendant.

Address 135 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Graham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Lambert St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17. 1876

Undertaker, John G Gordon Sr

Place of Business, 63. Park Ave

J E Aldwin M. D.

Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9798.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ecked Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 39 Slimmon Aly.

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, 10 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17

Undertaker, Kerchner & Boos

Place of Business, 180 W. Pratt St

Geo. S. Kimmon M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Woodie

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* 6 *Months,* —— ~~Days.~~

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 1 Gravel Alley

Cause of Death, { First (Primary,) Exhaustion — Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sacred Cemetery James A. Steuart M. D.

Date of Burial, May 17 1876 Medical Examiner

Undertaker, W. I. Gray

Place of Business, Shelby St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by W. I. Gray Undertaker

Board of Health, City of Baltimore,

Permit No. 9801 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ellsworth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Little Pine Street

Cause of Death, {First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *James A Steuart* M. D.

Date of Burial, May 17 1876 Medical Attendant.

Undertaker, M. Schilling *Address* Commissioners of Health

Place of Business, 72 Penn Ave & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by M. Schilling Undertaker

OVER.

Board of Health, City of Baltimore,

Permit No. 9801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Sattler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 4 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carlstard Austria —

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 287 Centre ave

Cause of Death, First (Primary,) Intussusception

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct.

Date of Burial, May 18 1876

Undertaker, H. J. Smith

Place of Business, 307 Central Ave

Gustave Bibler M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W. & Mary Cross

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 1½ *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 29 Denmead St Baltimore

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} 29 Denmead St

Cause of Death, {First (Primary,) Asthma Millari

Second (Immediate,) Hooping Cough

Duration of Last Sickness, 1 week 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Thos Shearer M. D.

Medical Attendant.

Date of Burial, May 18th 1876

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St *Address* 917 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9803.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

Date of Death, May 16th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James R. Conway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Forty two years.

Place of Death, {Give street and number.} 340 E. Pratt St

Cause of Death, First (Primary,) Pneumonia & Albuminuria

Second (Immediate,) Anasarca

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, May 17th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

S. Glanville Lee M. D.
Medical Attendant.

Address Balt & Mech Rds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Forgenbeal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 1 *Months,* 10 *Days.* 18

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 57 Boone St

Cause of Death, First (Primary,) Teething

Second (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18 May 1876

Undertaker, W. S. Dile

Place of Business, 183 Columbia av.

John G. Woods M. D.
Medical Attendant.

Address 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th May

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Grindall

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* F

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Fifty Yrs

Place of Death, { Give street and number. } Ages N. Home

Cause of Death, { First (Primary,) [redacted] / Second (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, May 18th 1876

Undertaker, H. F. Jenkins & Son

Place of Business, 16 Light st

Geo Ryder M. D.
Medical Attendant

Address #1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Cassel

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} 255 N. Eutaw Street

Cause of Death, {First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, About 2 weeks in bed

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 19 at 11 O'Clock

Undertaker, Geo. L. Robinson

Place of Business, 18 Saratoga St

[illegible] *M. D.*
Medical Attendant.

Address 195 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virgie Silvestia Hunt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 17 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} no 15 Chew Street

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 18. 1876

W. J. Sinnickson M. D.
Medical Attendant.

Undertaker, John I Rodenmayer

Place of Business, Address N E Cor Fremont Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 9828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

Date of Death, May 6. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Dairy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, Inmate

Place of Death, {Give street and number.} 1410 Parish alley

Cause of Death, {First (Primary,) meningitis / Second (Immediate,) Convulsions.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 1876 Mahony Brawner M. D.

Medical Attendant.

Undertaker, Samuel P. Chase

Place of Business, 198 S. Howard st *Address* 201 W. Biddle st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 9809 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

Date of Death, Mai 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermann Heinrich Bothe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 10 *Months,* 14. *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, cart driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, eighteen years

Place of Death, {Give street and number.} N.º 255 S. Paca Sts.

Cause of Death, First (Primary,) Aneurysmal of the abdominal aorta

Second (Immediate,) intern haemorrhage

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, May 18th 4 P.M

Henry Salzer M. D.
Medical Attendant.

Undertaker, A. Weidemeyer

Place of Business, West. Pratt St. *Address* 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9810

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

Date of Death, May 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Geary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28. *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter & Glazier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, 111 Schroder St

Place of Death, {Give street and number.} Balto Infirmary

Cause of Death, First (Primary,) Typhoid

Second (Immediate,) 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 19th

Undertaker, Wm. H. Leoria

Place of Business, 182, W. Baltimore

J. W. Levin M. D.

Medical Attendant.

Address, Custom House

Present Residence

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9811

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine E Coman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster, Penn,

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Hollins & Mt. St.

Cause of Death, First (Primary,) Heart disease,

Second (Immediate,)

Duration of Last Sickness, Indefn

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 18th 1876

Undertaker, Hughes & Co

Place of Business, No 350 Fawette St

Geo C Ogle Comar M. D.
Medical Attendant.

Address 129 Cary St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9812. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emerita Harber

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 *Years,* 6 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Strike Street 24

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Dropsie

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 19 1876

Undertaker, Andrew Lutz

Place of Business, 152 and Hill (St.)

A. J. Steinhard M. D.
Medical Attendant.

Address 284 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

Date of Death, May 17 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Douglas Purdon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy — *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md —

Duration of Residence in the City of Baltimore, Since Boy life

Place of Death, {Give street and number.} No 88 N. Mary St —

Cause of Death, First (Primary,) Insanity —

Second (Immediate,) Starvation

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, May 19th 1876

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Ave

D. G. Rodier M. D.
Medical Attendant.

Address 87 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 9814

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

Date of Death, May 17th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Waine

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 6 *Months,* 1 *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 25 Hanover st

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 18th 1876

M. D.
Medical Attendant.

{ *Undertaker,* Haughey & Co

Place of Business, 65 & 67 Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9815

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E Gile

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 8 *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 384 N Bond St

Cause of Death, First (Primary,) Accidentally Fell

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, May 19, 1876

Undertaker, M. A. Dugan

Place of Business, 74 S. Broadway

Dan'l Richardson *M. D.*
Medical Attendant.

Address Corner N & S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9816 VII. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kitturah Frank

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co: Md

Duration of Residence in the City of Baltimore, Since childhood

Place of Death, {Give street and number.} 317 Lexington St.

Cause of Death, First (Primary,) Chronic Anaemia

Second (Immediate,) Thoracic Effusion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, 19th May 1876

Undertaker, Abm. W. Jenkins Son

Place of Business, 16 Light St.

Address 121 W. Lombard St.

P. Irg. Middleton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during the or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9817. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~October 1876~~ May 17 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Mr Samuel Weisbergen

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 147 Franklin St

Cause of Death, { First (Primary,) Peritonitis
Second (Immediate,) Intestinal Obstruction

Duration of Last Sickness, Not well for a year.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery Chas O'Donovan M. D.
Medical Attendant.

Date of Burial, 19 of May 1876

Undertaker, Leber & Son

Place of Business, 91 E Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9818, OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

Date of Death, May 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Miles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Cavin Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 154 Canal St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 18th 1876

{*Undertaker,* James S Byrne

{*Place of Business,* No 63 N Front St *Address*

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9819 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* about 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) under influence of Opium when received

Second (Immediate,) convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, May 19 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9821 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, about 1 Months ~~about 6~~ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore. 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum.

Cause of Death, First (Primary,) Congenital syphilis

Second (Immediate,) Spasms.

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 18. 1876

Undertaker, Saml Bowsen

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9821

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victory Kennedy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F.

Age, 3 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 4 Jones Court

Cause of Death, First (Primary,) An over dose of Paregoric Oil.

Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, May 19 1876

Undertaker, C. Kohler

Place of Business, 24 Dowden's Court

G. Glanville, Clerk M. D.
Medical Attendant.

Address Balt. & Washington.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 9892, OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

Date of Death, May 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma S. Meister

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eight *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} No 161 S. Broadway,

Cause of Death, First (Primary,)

Second (Immediate,) Diptheria.

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Family Cemetery

Date of Burial, 18th May 1876

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, John C. Smith

Place of Business, 265 Aliceanna St. *Address* 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9823 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Leonhard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Three *Years,* Seven *Months,* Twenty one *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58, N. Charles St.

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Thomas Wiener* M. D.

Date of Burial, May 18 1876 Medical Attendant.

Undertaker, Conrad Kunkel *Address* 249, W. Fayette Street

Place of Business, 60 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9824 — OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of l.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Nathan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, 16 Jears

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 19 1876

Jno. Brooke Boyle M. D.
Medical Attendant.

{*Undertaker,* ~~Undertaker~~

{~~*Place of Business,*~~ *Address* Thos S. Wilkerson 116 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 9825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Torrance

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 149 N. Eutaw St

Cause of Death, First (Primary,) Hypertrophy & Valvular Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery Thomas Shearer M. D.

Date of Burial, 20th May 1876 Medical Attendant.

Undertaker, H. J. Jenkins & Son *Address* 97 N. Eutaw St

Place of Business, 160 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9826, OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* a[illegible]r the death of said deceased, o[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Humphrey Monroe Mc Clellan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cass Co., Indiana

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} No. 1. N. Calhoun St.

Cause of Death, {First (Primary,) Malignant Diphtheria

{Second (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, 20th May 1876

John Hood M. D.
Medical Attendant.

Undertaker, Wm. H. Jenkins

Place of Business, 16 Light St. *Address* Hollins st 274

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 9827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Engel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* ~~———~~ *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 97 Thames Street

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery James A. Sloan M. D.
Medical Attendant.

Date of Burial, May 19 1876

{*Undertaker,* Chas. Shriver
{*Place of Business,* Platt & Chester Sts Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mrs Catharine Walker Grandmother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 9828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th May 1876 3 o'clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Fiehl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} S. Broadway 262.

Cause of Death, First (Primary,) Gastro " enteritis

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Fiel st. Cemetery

Date of Burial, May 19th.

Undertaker, H. Tyson

Place of Business, 2. Bond st. 151

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9829 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } L. E. & Mary V. Monnyman Parents

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Twelve hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 364 N. Fremont St.

Cause of Death, First (Primary,) Imperfect development

Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 20 1876 W. W. Mowry M. D.

Medical Attendant.

Undertaker, Jacob Wagner

Place of Business, Druid Hill Ave Address 10 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9830 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Susan Adams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abut 60 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel County

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No 90 Hanover St

Cause of Death, First (Primary,) Cauciflower of Uterus

Second (Immediate.)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, May 20th 1876

J. C. Bunch M. D.
Medical Attendant.

Undertaker, John S Mackie

Place of Business, No 150 Camden *Address* 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9831 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook & House Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} 10 11 Minient Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Five Weeks & One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19th 1876

Undertaker, Wm. H. Dungee

Place of Business, 710 1/2 East Pt.

O. C. Shriver M. D.

Medical Attendant

Address 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9892 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank B. Henderson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years~~ 18 *Months,* ~~Days.~~

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, about 4 months

Place of Death, {Give street and number.} 242 Lexington St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) about 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Steubenville Ohio

Date of Burial, May 21st 1876

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette St

Felix McKnew M. D.
Consult. Physician
Medical Attendant.

Address 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 445)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 9833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Louiza Cropper

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 3 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During her life

Place of Death, {Give street and number.} No 294 S. Light St.

Cause of Death, First (Primary,) Phthisis mucosa et pituitosa

Second (Immediate,) Debility

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Luthern Cemetery Friedhill Park

Date of Burial, the 21 May.

Charles A Geiger, M. D.
Medical Attendant.

Undertaker, P. P. Dill.

Place of Business, 183. Columbia ave. Address No. 267 Druid Hill Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 9834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th. May 1876 9 o clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicolaus Bonnet.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* 6 *Months,* *Days.*

Color, white.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Waldinsburg, Kurhessen, Germany"

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} L. Wolfgang 183.

Cause of Death, {First (Primary,) / Second (Immediate,)} 1 Phthisis pulmonalis

Duration of Last Sickness, 2 years 9 months

All the above information should be furnished by the Physician

Place of Burial, Nat. Evangel Cemetery

Date of Burial, May 20th at 2 p.m.

William Henkel M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Av. *Address* L. Wolfgang 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9835

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} " Mary Frances Coal

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} No. 32 Ohens alley

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Pneumonia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Wm Peabbles Field

Date of Burial, May 19th 1876

Undertaker, Mr H. C. Perry

Place of Business, 448 W Pratt St *Address* No 16 Exchange Pl

L. D. Lan *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9836 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Ellis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 8 *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eden St Court

Duration of Residence in the City of Baltimore, 3 yrs & mo 8 days

Place of Death, {Give street and number.} 328 N Anspach St

Cause of Death, First (Primary,) Acute Inflammation of the Brain

Second (Immediate,) Pressure from effusion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, May 19th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

E Geo Walls M. D.
Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9837

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

Date of Death, May 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. S. Sampson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* Five *Months,* Three *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 103 Pattison Avenue

Cause of Death, First (Primary,)

Second (Immediate,) Sore diphtheritic throat

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, May 20th 1876.

Undertaker, Wm. H. Richardson

Place of Business, 234 N. Gay St.

Dr. Isaac Baldwin M. D.
Medical Attendant.

Address 150 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9838 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Baker.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Bricklayer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden, Prussia.

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} 199 Hamburg St.

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 22th

Undertaker, Henry Brick

Place of Business, Hanover 81

R. J. H. Tall M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Vonsuick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 209 Light St

Cause of Death, First (Primary.) Dropsy - Cause not known.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltio Cemetery

Date of Burial, May 21st 1876

Undertaker, Henry Thiyer

Place of Business, 106 N. Howard St

A H Sumner M.D.
Medical Attendant.

Address 76 Place St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9840,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith M. Price

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Hours~~ 2 *Years,* three *Months,* & four *Days.*

Color, White *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 149 Saratoga St

Cause of Death, {First (Primary,) Diphtheritic Croup

{Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem. Elias M. Price M. D.

Date of Burial, May 21st 1876 Medical Attendant.

{*Undertaker,* ~~Geo A Lennart~~ *Address* 262 Madison St

{*Place of Business,* 21 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9821, OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareth Lanz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 5 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 132 Lancaster St.

Cause of Death, First (Primary,) Internal Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 21st 1876

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Av Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9842,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th May ~~April~~ 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Ullman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22½ Lee st

Cause of Death, First (Primary,) Tetanus (Traumatic)

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, May 21st

Undertaker, Wm Edau

Place of Business, 101 Gouch St

H W Wetherby M. D.
Medical Attendant.

Address 57 Bauer C

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9843 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Henry Tillard,

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 26 *Years,* 8 *Months,* 20 *Days.*

Color, Mulatto, *Sex,* Male,

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Waiter,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New Orleans, La –

Duration of Residence in the City of Baltimore, 21 years –

Place of Death, { Give street and number. } 41 Little Monument st –

Cause of Death, { First (Primary,) / Second (Immediate,) } Phthisis Pulmonalis –

Duration of Last Sickness, 18 months –

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21st 1876

Undertaker, Wm H Burbage Jr

Place of Business, 100 [illegible]

J. L. Ingle M. D.
Medical Attendant.

Address 247 Lawsale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G Maxwell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 381 Madison Avenue

Cause of Death, First (Primary,) Bright's disease of Kidney

Second (Immediate,) Uremic Poisoning

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, May 21st 1876

Undertaker, Hughes & Co

Place of Business, 540 Fayette St

C Winslow M.D.
Medical Attendant.

Address 237 N Gallow St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

Board of Health, City of Baltimore,

Permit No. 9845. OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

Date of Death, May 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} No 12 Carrollton av.

Cause of Death, First (Primary,) Chronic Dentritis

Second (Immediate,) Ascitis.

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 21st 1876

Undertaker, S B Cook

Place of Business, No 707 W. Baltimore Street

A St Sothoron M. D.
Medical Attendant.

Address 523 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

Board of Health, City of Baltimore,

Permit No. 9846 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

Date of Death, May 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friederick Ludwick William Wentz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* 14 *Days.*

Color, White *Sex,* ...

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Canton Ave 402½

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,) Convulsion

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel County

Date of Burial, May 21st & 2 June

John A Schultz M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave Address h E cor Lough & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9847.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Michael Weil

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 87 *Years,* 6 *Months,* ~~- - - - - -~~ *Days.*

Color, White

~~Married, Single, Widowed, or~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Taylor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No 859 Orleans Cor Washington

Cause of Death, {First (Primary,) Valvular disease of the Heart

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemty

Date of Burial, May 20th 1876

Undertaker, H Frocklich

Place of Business, 246 Easton St

Thomas R Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 1. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9848

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Farrell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore

Place of Death, {Give street and number.} 18 Little Front

Cause of Death, {First (Primary,) (Inflt Rheumatism)
Second (Immediate,) Heart disease)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician

Place of Burial St Vincents Cemetery

Date of Burial, May 20 1876 Abram B Arnold M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9849

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lou Estelle Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 N. Arlington Avenue

Cause of Death, First (Primary,) Scrofulosa Mesenterica.

Second (Immediate,) Acute Tuberculosis.

Duration of Last Sickness, Continuous Sickness since birth

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 21. 1876

Undertaker, N. Miller

Place of Business, 86 N. Paca St

A. H. Baptist M. D.
Medical Attendant.

Address 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9850

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Dinnigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 15 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 114 Hanford Ave

Cause of Death, {First (Primary,) Chronic inflammation of Internal Ear

{Second (Immediate,) producing Meningitis

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, May 21, 76

Undertaker, John I Ordemayer

Place of Business, N E Cor Summer and Monument St

Edwd F. Michaelsen M. D.
Medical Attendant

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 25 1976
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lewis Eckert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 289 N. Front St.

Cause of Death, {First (Primary.) Convulsions

{Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetery

Date of Burial, May 21st 1876

Undertaker, James D Byrne

Place of Business No 63 N Front St

Jno. Burke Boyle M. D.
Medical Attendant

Address 161 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9852

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Wesley Quarles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Dark *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 83 Jasper St.

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery Eugene F. Cordell M. D.

Medical Attendant.

Date of Burial, May 21st 1876

Undertaker, Wm Jones Gray

Place of Business, 65 Hanover St Address 57 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9853

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Whittington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} M D

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 20 Elbow Lane

Cause of Death, First (Primary,) Consumption (Pulmonary

Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20 1876

Undertaker, S M Colgate

Place of Business, No 1032 Howard St

W W Antum M. D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9854

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Thomas~~ Thompson ~~Gribbon~~ William Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} do not know

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} do not know

Duration of Residence in the City of Baltimore, 12 S Lambert St

Place of Death, {Give street and number.} Edmonston Ave

Cause of Death, First (Primary,) ——

Second (Immediate,) Sudden death, believed to be Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20 76 Wm H Corner Coroner M. D.

Medical Attendant.

Undertaker, Samuel McShane

Place of Business, 49 S Howard St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9855 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore May 19 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Winder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eleven *Years,* Two *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} She is not either

Occupation, nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. Virg.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} No 314 Montgomery St

Cause of Death, {First (Primary,) Exhaustion et Congestion

{Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 22 76

Undertaker, Samuel H Chase

Place of Business 198 W Howard St

J. D. Iglehart M. D.
Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 9856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

Date of Death, May 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate J. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if not foreign birth.)} Penn.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 99 Raborg st

Cause of Death, First (Primary,) Second (Immediate,) Congestive Chills

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st

Undertaker, Adam Fink

Place of Business, 461 Pratt

Geo C Ople Coroner M. D.
Medical Attendant.

Address 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia C. Rehr.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 321 S. Bond

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Marasmus

Duration of Last Sickness, 12 weeks.

All the above information should be furnished by the Physician

Place of Burial, St. Mathias Cemetery

Date of Burial, May 22 1876

Undertaker, Leonard Fey

Place of Business, S. Bond St. No 221

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9858 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ruby Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, Blk. *Sex* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll Co. Md.

Duration of Residence in the City of Baltimore, 1½ yrs.

Place of Death, { Give street and number. } 5 Bonner

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Loyal Cemetery

Date of Burial, May 21st 1876

Undertaker, H. C. Davis

Place of Business, 198 Fayette St.

J. G. Blackshere M. D.
Medical Attendant.

Address 398 N. Fay. cor Mt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

Permit No. 9859

OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry C. Irvins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, {Give street and number.} Spring Gardens near Harman's Bridge

Cause of Death, First (Primary,) Bathing

Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 22d 1876

Undertaker, John S Thacher

Place of Business, No 150 Camden

R. C. Lee M. D.
Medical Attendant
Coroner S. D.

Address N. W. cor Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9860 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Wood

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 63 Years, Months, Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nassau Bahama Islands

Duration of Residence in the City of Baltimore, About 30 years or more

Place of Death, {Give street and number.} No 508 Chestnut St.

Cause of Death, First (Primary,) Paralysis Hemiplegia

Second (Immediate) Exhaustion

Duration of Last Sickness, About four Years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20th 1876

Wm Whildridge M. D.
Medical Attendant.

Undertaker, H. M. Chase

Place of Business, No 192 Harrison St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 9861 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Green

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Cor. Carlton St & Wagon Al.

Cause of Death, First (Primary,) Extensive Burns from ignited clothing.

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21 1876

Undertaker, S. McCrose

Place of Business, 58 19th Howard

John F. King *M. D.*
Medical Attendant.

Address Edmondson Ave. West of Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9862

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jenny Chambers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Lib Fort st.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Cem.

Date of Burial, May 22d 1876

{*Undertaker,* Sam'l H. Chase

Place of Business, 198 Howard

J. Gamy Hill *M. D.*
Medical Attendant.

Address 96 Lemmon st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9863, OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse & Laura Brown Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, Months, One hour Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 180 Hollins St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Jamison Steuart M. D.

Date of Burial, May 22 1876 Medical Attendant.

Undertaker, L. B. Cook *Address* Commrs of Health

Place of Business, W. Balto St. & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mrs Dunbar Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 9864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20th May 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Wilson

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* 7 *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 years 7 Days

Place of Death, { Give street and number. } 84 N Conn ave

Cause of Death, { First (Primary,) Entero-Colitis. Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Road

Date of Burial, May 21 76

Undertaker, Wm Fry

Place of Business, 54 & Broadway

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9865

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles Tilghman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Martin Alley No 29

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22 1876

R. J. Hall M. D.
Medical Attendant.

Undertaker, William T. Lange

Place of Business, No 104 East St. *Address* No 18 Olive Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9866 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Bree Leib

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 49 N. Gilmor St.

Cause of Death, {First (Primary,) Disease of the Heart
Second (Immediate,) Spasm of Glottis

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 22

Thomas J. Shearer M. D.
Medical Attendant.

{*Undertaker,* Wm. M. Leonard
Place of Business, 782 W. Balt. *Address* 9 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9867

HEALTH DEPT. MAY 22 1876 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21th. May 1876. 9 o'clock evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Toepfner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71. *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Homberg, Bavary, Germany

Duration of Residence in the City of Baltimore. 11 years

Place of Death, {Give street and number.} Gough street N.E corner of Chapel street,

Cause of Death, {First (Primary.) Cholera morbus

{Second (Immediate.) Apoplexia nervosa

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician

Place of Burial, Canton Ave. Luth. Cem.

Date of Burial, Monday, May 22/76

Undertaker, John Braun

Place of Business, 9 & S. Wolfe St. *Address* S. Wolfe St. 11

William Hendel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH MAY 22 BALTIMORE, MD.

Permit No. 9868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 St. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Calder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 7 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 96 S. Wolf St.

Cause of Death, {First (Primary,) Scarlatina Anginosa
Second (Immediate,) Hydrothorax

Duration of Last Sickness, 25 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 23rd 1876

James E. Donnelle M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co
{*Place of Business,* 65 S Broadway. *Address* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9869

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Purnell Carr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, Col'd *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 80

Place of Death, {Give street and number.} 15½ N Dallas Street

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Senile Decay

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H Steuart M. D.

Date of Burial, May 22 1876 ~~Medical Attendant~~

{*Undertaker,* John H. Locke *Address* Commrs of Health & Registrars

{*Place of Business,* Wolf St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by James Freeman Son in Law

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit 870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Corsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number.} 19 Sharp St alley

Cause of Death; First (Primary,) Exposure

Second (Immediate.) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, E Potters field

Date of Burial, May 22 1876

James A. Steuart M. D.
Medical Attendant.

Undertaker, C. Sheeper

Place of Business, Pratt & Chester St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Undertaker C. Sheeper

Board of Health, City of Baltimore,

Permit No. 9876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. H. Slingen

Sex, Male ~~or Female~~, {~~Cross out the word not~~ required in this line.}

Age, Years, 4. Months, 20 Days.

Color, White

~~Married, Single, Widow or Widower~~, {~~Cross out the words not~~ required in this line.}

~~Occupation~~, ////

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 107 Millington Ct

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Inanition & Exhaustion

Duration of Last Sickness, 8 day

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, 22d May

{Undertaker, H. H. Myers
{Place of Business 15 N. Gay St

Thos. H. Dunsan M. D.
Medical Attendant.

Address 142 Hanover Cor Cito

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 22 1876 HEALTH DEPARTMENT BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled up*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Henry Charles Gilman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cigar Manufacture

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 29 Years in U. States

Duration of Residence in the City of Baltimore. 29 Years

Place of Death, {Give street and number.} No. 82 N. Fremont St.

Cause of Death, First (Primary,) softening of the brain

Second (Immediate,) Apoplexy

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, May 23/76 2 o'clock P.M.

Undertaker, John Schultheis

Place of Business, 159½ Mulberry St.

Louis B Horn M. D.

Medical Attendant.

Address 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9873,

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Leuer

Sex, Male or ~~Female~~, {Cross out the word not required in this line,} Male

Age, ... *Years,* Seven *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 208 S. Bethel St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonzis Cemetery

Date of Burial, 23rd May 1876. C. Edward Miller, *M. D.*

Medical Attendant.

Undertaker, Leonhard Veyer

Place of Business, S. Bond St. No 277. *Address* 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Thompson

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~1 month~~ *Years,* 1 *Months,* 12 *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} 19 Sussex ct Baltimore

Cause of Death, {First (Primary,) Inflamation of Navel

{Second (Immediate,) Peritonelas

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22nd

By J. T. Winslow for Caleb Winslow M. D.
Medical Attendant.

Undertaker, ~~Kimble~~ Kümmerl

Place of Business, Mulberry ct 317 *Address* 23 Mc Culloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry T. Lilyshman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, Col'd *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Gravel alley

Cause of Death, First (Primary,) — Mal Nutrition

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, E. Potter's Field

Date of Burial, May 22nd 1876

M. D.

Undertaker, Chas. L. Tiepier

Place of Business, Pratt & Chester Sts Address Commiss of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Perry Lilyshman Father

Board of Health, City of Baltimore,

Permit No. 9876 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} # 108 Elbow Lane

Cause of Death, First (Primary,) Tuberculosis.
Second (Immediate,)

Duration of Last Sickness, about 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22 1876

Undertaker, John L Machen

Place of Business, No 150 Canal

J. B. Bibb M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9877 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday May 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ben Baker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years. 17 *Months,* ~~Days.~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 108 ~~Wells~~ Parkin St.

Cause of Death, First (Primary,) Bronchitis Combined with Pneumonia

Second (Immediate,) Asthenia (Typhoid)

Duration of Last Sickness, Seventy four days and a half

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. Geo. Keech M. D.

Medical Attendant.

Date of Burial, 23d of May

Undertaker, Armstrong & Denny

Place of Business, Light St. Address 600 Pratt & cor Biddle St No 55

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 9878

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Watermann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 Years, 5 Months, 12 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen (Germany)

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No 270 S. Caroline st

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, several hours

All the above information should be furnished by the Physician.

Place of Burial, Col Zion R. Cemetery

Date of Burial, 22d May

Undertaker, H. Bear

Place of Business, 252 Aliceanna

L. C. Mutterer M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

Board of Health, City of Baltimore,

Permit No. 9879.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose Reynolds

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, one year *Years,* Eleven *Months,* Twenty *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} N° 277 W. Fayette St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Extension of Disease into Trachea

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 22d 1876

Undertaker, James P Byrne

Place of Business N° 63 N Front St

F H Richards M. D.

Medical Attendant.

Address N° 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jerome Neal

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, Mulo ~~*Sex,*~~

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} McCanns alley near Biddle st

Cause of Death, First (Primary,) Hemorrhage from Lungs

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. S. L. Tanyhill M. D.

Medical Attendant.

Date of Burial, May 22d 1876

Undertaker, Robt. T. Scriven Address 129 W Biddle St

Place of Business, 271 W Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Lindsay

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 113 Jackson Alley. Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Hemorrhagitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 23rd 1876

Undertaker, William Fox

Place of Business, Broadway

G. Glanville, Jr. M.D.
Medical Attendant.

Address Balt & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98821 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

Date of Death, May 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Boger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Basket Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 293 N Gay

Cause of Death, {First (Primary.) Consumption of the Lung

{Second (Immediate,)

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemmety

Date of Burial, 23 of March. Thomas Smith M. D.

Medical Attendant.

Undertaker, L Beyer.

Place of Business, 78 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9883 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22 nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hagengast

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 352 William St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonalis

Duration of Last Sickness, 7 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 24. 1876

Undertaker, C. F. Krause

Place of Business, 207 Hanover

M. D.
Medical Attendant.

Address 188 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Saunders.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 22 *Days.*

Color, ____ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long if the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 304 Light-St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Meningitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetary

Date of Burial, May 23d 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. J. H. Tate M. D.
Medical Attendant.

Address 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Hughes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bluesmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass Maryland

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} No 479 N Paca St

Cause of Death, First (Primary.) —

Second (Immediate,) General Debility

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 23d 1876

Undertaker, John S Thatcher

Place of Business, No 150 Centre

Saml A Mitchell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hazel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Shuter Street

Cause of Death, First (Primary,) Cold.

Second (Immediate,) Pleurisy

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23rd 1876

Undertaker, John A. Locke

Place of Business, Wolf Street

Jamin A Steiner M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by — Albert Hazel — father

Board of Health, City of Baltimore,

Permit No. 9887.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22d. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. S. F. Chase

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248 Madison Ave

Cause of Death, First (Primary,) Consumption

Second (Immediate,) About 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 24th 4 P. M

Undertaker, Robt. Hall

Place of Business, 233 E. Balto St.

Felix Iliacus M. D.
Medical Attendant.

Address 148 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1876

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} Herman Heinrich Hoffermann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~ 6 ~ *Years,* ~ 2 ~ *Months,* ~ ~ ~ ~ ~ *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 157 Alleganna St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Albuminuria

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician

Place of Burial, Emanuel Cemetery

Date of Burial, May 23d 1876.

{*Undertaker,* Leonhard Kurz

{*Place of Business,* S. Bond St. No 277.

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9889.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Mary Becker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* 20 *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 Druid Hill Avenue.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 23

Undertaker, Wm. Schilling

Place of Business, 72 Penn Ave

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE REGISTER'S DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Kohl,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation, Organ Grinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 636 Light St

Cause of Death, First (Primary,) Laundice

Second (Immediate,) Diarhea

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 24th 1876 Herton Lortz M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22nd May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G'Orain

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 3 *Months,* 1 2 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 13 months 12 days

Place of Death, {Give street and number.} Monument & Wolf Sts

Cause of Death, First (Primary,) Pulmonic

Second (Immediate,) Congestion Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 24th

Undertaker, Ch Rossing

Place of Business, 136 E Fayette

Wm. L. Steele M. D.
Medical Attendant.

Address 1 Broadway
Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d of May 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lang

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 12 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} German Orphan Asylum. ~~Separate~~

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 24

Fred. Hess M. D.
Medical Attendant.

Undertaker, Ch Ramsay

Place of Business, 136 E. Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9893

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Hamilton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Sixteen *Months,* ____ *Days.*

Color, Col'd *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 7 Peach Alley

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) ____

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23 76

Undertaker, W. Shaw

Place of Business 918 S. Howard St *Address*

Julius Hall M. D.
Medical Attendant.

Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 23 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Hamilton Pendergast

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, 2 6 3 Weeks

Place of Death, {Give street and number.} 71 Centre St Balto.

Cause of Death, First (Primary,) Tuberculous Meningitis.

Second (Immediate,)

Duration of Last Sickness, About Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, 24 May 1876

Undertaker, H. M. Jenkins & Co.

Place of Business, 16 Light St.

Alan P. Smith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Elsa Calloway

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 4 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 4 yrs 4 mos 5 days.

Place of Death, {Give street and number.} No. 133 Sliding 5th

Cause of Death, {First (Primary.) Pneumonia

{Second (Immediate,) Pneumonia

Duration of Last Sickness, ~~2 days~~ ~~2 days~~ 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23d 1876

Undertaker, Wm H. Hutchman

Place of Business, No 234 N Gay St

Geo. W. Watson M. D.
Medical Attendant.

Address 18 Hisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Steigerwald

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 166 S. Paca St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphyxia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 23d.

Undertaker, Martin Kippel

Place of Business, S. Bond st. 151

G. Glanville, Rusk M. D.
Medical Attendant.

Address Balto & Rusk. 065

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9897

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Amelia

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* *Days.*

Color, White. *Sex,* Female

Married, ~~Single, Widow, Widower.~~ {Cross out the words not required in this line.}

Occupation, At home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 41 Eden St.

Cause of Death, {First (Primary,) Cancer of the Utero

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 24th May at 4 pm

Undertaker, Henry Lander

Place of Business, 252 Canton Av *Address*

H. Williams M. D.
Medical Attendant.

7833

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chester A. Clark.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and number.} 163 N. Eutaw St.

Cause of Death, {First (Primary,) Apoplexy —

{Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, Green Mount.

Date of Burial, May 24th, 1876.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Jno. McHenry M. D.
Medical Attendant.

Address 133 N

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Phillips

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Unknown

Duration of Residence in the City of Baltimore, — Do

Place of Death, {Give street and number.} Univ. Hospital Cor Lombard & Green

Cause of Death, First (Primary,) Emphysema

Second (Immediate,) Asthenia

Duration of Last Sickness, Sixty days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, May 24th

Undertaker, M H & Dent

Place of Business, 434 W Fratt St

T. A Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nare

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, forty five *Years,* six *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co. Kerry Ireland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 37 N. Bond St.

Cause of Death, First (Primary,) Bolcular Lesion of Heart

Second (Immediate,)

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 24 1876

Undertaker, James & Byrne

Place of Business, No 63 N. Front St. *Address*

John F. Monnier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomson ~~Thompson~~

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 — *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printsman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cincinatti Ohio

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 2. S. Cathern St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Pericarditis

Duration of Last Sickness, about Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Cincinatti Ohio

Date of Burial, May 26 1876

W R ~~Smith~~ Thomas M. D.

Medical Attendant.

Undertaker, Jno H. Weaver

Place of Business, 22 West Fayette st *Address* 182 W. Fayette City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Francis 447)

Board of Health, City of Baltimore,

Permit No. 9902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah H. McCullough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 ~~X~~ *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Vest making

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. county Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 523 S Gay st

Cause of Death, {First (Primary,) Phthisis & Chronic

{Second (Immediate,) .....

Duration of Last Sickness, about 3 years 8

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 25

Undertaker, W Diffel

Place of Business, 1 Bond st Fell

J Ridgway Rhoe M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9903, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Nine *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 453 W. Lexington

Cause of Death, {First (Primary,) Laryngeal Croup

{Second (Immediate,) "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown

Date of Burial, May 24/76

{*Undertaker,* Wm H. Leonard

{*Place of Business,* 182 W Balto.

Thos Pue M. D.
Medical Attendant.

Address 398 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 4408

Board of Health, City of Baltimore,

Permit No. 9904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Luft.

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Jefferson Street 151

Cause of Death, First (Primary,) Weakness

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery,

Date of Burial, 26 May

Undertaker, Michael Funk

Place of Business, Bank St

L. L. Steinhard M. D.
Medical Attendant.

Address 224 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, that whenever any person shall die in the said city, it shall be the du[ty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni[sh] within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Walker

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 58 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} Widow

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 37 Chew St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Diarrhea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24th 1876

Undertaker, Wm. R Hickman

Place of Business, 234 N. Gay St

H. P. Kennedy M. D.
Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to Secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2d And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9906 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R. Kirwan,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 10 *Months,* — *Days.*

Color, *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester, Co. Md.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} at. Light St. Bridge,

Cause of Death, First (Primary,) Supposed to be, Cancer of Liver.
Second (Immediate,)

Duration of Last Sickness, Ten months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem'y R. J. D. Tall M. D.
Medical Attendant.

Date of Burial, May 25th 1876

Undertaker, F. H. Namuth

Place of Business, 42 of Saratoga st *Address* 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9907

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Travers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore, Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} J. Carswell's A.

Cause of Death, {First (Primary,) Burn

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Patmos Cem.

Date of Burial, May 25th 1876 James H. Travers M. D.

Medical Attendant.

Undertaker, W. A. Raigh

Place of Business, 414 S. Broadway Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

Permit No. 9908

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie F. Butler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, Wht *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Caroline St

Cause of Death, First (Primary,) Gen Debility

Second (Immediate,) Marasmus.

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery Jas. A. Allen M. D.
Medical Attendant.

Date of Burial, May 25th 1876

Undertaker, I. F. Byrne

Place of Business, Liberty St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.

Information by I. F. Byrne Undertaker

Board of Health, City of Baltimore,

Permit No. 9909

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Hedniel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 10 *Days.*

Color, German *White*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 13 Boroughs

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Borough s

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician

Place of Burial, H. Asylum

Date of Burial, May 26th 76

Undertaker, C. F. Krause

Place of Business, 207 Hanover st

James H. Lewis M. D.
Medical Attendant.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by C. F. Krause - Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Smothers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* ——— *Months,* ——— *Days.*

Color, Col *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, A good many Years

Place of Death, {Give street and number.} No 114 Orchard St

Cause of Death, First (Primary,) Cancer of the breast (scirrhus)

Second (Immediate,) Hemorrhage.

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25th 1876

Undertaker, Wm Jones Son

Place of Business, 55 Mickey St *Address* 192 Pearl St

W W Antrim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Peter Mullen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~19~~ ~~20~~ *Years,* 10 ~~24~~ *Months,* 2 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born & Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Baltimore, 36 Josephine St

Cause of Death, First (Primary,) consumption

Second (Immediate,) Suffocation

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery ~~Lucas ground~~

Date of Burial, May 26th 76

M. R. Smith M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 707 West Baltimore St Address Balto Md

Jan 6 5 89

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert L Eiglehart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Eight *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 278 Ramsey st

Cause of Death, First (Primary,) Whooping Cough & dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician. Since convulsions, four days

Place of Burial, Balto Co Md E Lovero M. D.

Medical Attendant.

Date of Burial, May 26

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address* 512 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

Board of Health, City of Baltimore,

Permit No. 9913,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore May 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexandria Henry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* Ten *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Neither or Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 33 Payne St

Cause of Death, First (Primary,) Irritation of cerebrum Spinal apis

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 24 76

Undertaker, S. W. Chase

Place of Business, 19 & 21 Canaan St

L. D. Dyer *M. D.*
Medical Attendant.

Address No. 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lynn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washing & housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 48 Carlton St

Cause of Death, First (Primary,) Pericarditis

Second (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25 76

Undertaker, S. W. Graze

Place of Business, 55 Howard St

J. Zeph M. D.
Medical Attendant.

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V Haines

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty Seven *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 249 W Fayette St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Nearly four years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cemetry Elias C. Price M. D.

Date of Burial, May 25th Medical Attendant.

Undertaker, H Hughes & Co

Place of Business, 580 Fayette st *Address* 762 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if buried, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. Fischer.

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 7. *Months,* *Days.*

Color, White

~~Married~~, *Single*, *Widow or Widower* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} one Chester nare Madison. St

Cause of Death, {First (Primary.) scarlet fever

{Second (Immediate.)

Duration of Last Sickness, 1. month.

All the above information should be furnished by the Physician

Place of Burial Bond st Geme

Date of Burial May 25th 1876

Undertaker, A. Kohler

Place of Business, 244 E. Lombard st Address.

F. Mathieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9917.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph Pfaff

Sex, Male or ~~Female~~, {Cross out the word not required in this line,}

Age, 47 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Disquith st. 126

Cause of Death, {First (Primary,) Phthisis pulmon. Second (Immediate,)} ab. 2 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, May 28

Undertaker, Ch Rossing

Place of Business, 136 Fayette

C Metzner M. D.
Medical Attendant.

Address 57 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James O'Neale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* two *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} No 4 Haltmeyers Court

Cause of Death, First (Primary,) ____

Second (Immediate,) Diarhea

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cemetery Jas. H. Anderson M. D.

Medical Attendant.

Date of Burial, May 25 76

Undertaker, Story & Sappington Address No 108 Pennsylvania Ave

Place of Business, 21 Dempsey Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora L. Slack

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 237 Walsh Street.

Cause of Death, First (Primary,) Diptheria.

Second (Immediate,) Pneumonia & Laryngitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 25

Mabury Brewer M. D.
Medical Attendant.

Undertaker, J. J. Chalmers

Place of Business, 262 Pennsa *Address* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Cooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County. Maryland.

Duration of Residence in the City of Baltimore. 12 years

Place of Death, {Give street and number.} 122 E. Dallis St.

Cause of Death, First (Primary.) General Debility following Diarrhea

Second (Immediate.) Asthenia

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 26th 1876

Undertaker, W. C. Dunn

Place of Business, 120 East St.

D Webster Cottrell M. D.
Medical Attendant.

Address 14 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 76

Full Name of Deceased, {Write legibly, and spell correctly. If an infant not named, give names of parents.} Teresa Boyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 258 E Eager St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 258 E. Eager St

Cause of Death, First (Primary,) Pulmonary Hemorrhage

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Phila Pa

Date of Burial, May 26 1876

Undertaker, H Block

Place of Business, Canal St Address 166 [illegible]

Jno. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 4508)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Baynard

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* five *Months,* Seven *Days.*

Color, Black *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 68 Biddle ac.

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number.} No. 70 Biddle ac

Cause of Death, {First (Primary,) Gastritis / Second (Immediate,) Inflamation of brain

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26th 1876

Undertaker, Wm H Burk Jr

Place of Business, 110 Druid Lane *Address* 121 Mulberry St.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ferguson -

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 — *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boro.

Duration of Residence in the City of Baltimore, all of his life

Place of Death, {Give street and number.} 69 McCulloch St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 27. 1876

Undertaker, J Dodey & Son

Place of Business, 41 Hanover St

Alan P Bowie M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Pugles Pascal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 57 Jackson Sq. Ave.

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26th 1876

J. Glanville, Jun. M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St. *Address* Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight s after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Ford

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, Eight *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and number.} 17 Cumberland St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Apoplexy of Lungs

Duration of Last Sickness, Two days?

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 28th

Undertaker, J. H. Weaver

Place of Business, Fayette Street

O. L. Shalton M. D.
Medical Attendant.

Address 181 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9926 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE.

Date of Death, May 25th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 250 Alice = Anna St.

Cause of Death, First (Primary,) Acute Pneumonia

Second (Immediate,) Want of aeration of blood.

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 26 '78

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Henry Baird

Place of Business, 25 N Alice Anna St *Address* 243 Alice = Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Marker

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, Seventy-two *Years,* Three *Months,* Fifteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

Occupation, Locksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alsace 50 yrs in United States

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} No 180 Saratoga St

Cause of Death, First (Primary,) Paralysis Agitans

Second (Immediate,) Debility

Duration of Last Sickness, About Three years

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem.

Date of Burial, May 28th 76

Undertaker, P. F. Dill

Place of Business, 183 Columbia St.

D. G. Rian M. D.
Medical Attendant.

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9928,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 25. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Hanfelt.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 52 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 206. South Bethel St.

Cause of Death, First (Primary,) Suicide.

Second (Immediate,)

Duration of Last Sickness, 32 hours.

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field N. Ireland

Date of Burial, May 26 1876 Coroned E. Dick. *M. D.*

Medical Attendant.

Undertaker, Chas. Shriver

Place of Business, Chester St. Pratt *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9929

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Cumland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 401 Alice Anna St.

Cause of Death, {First (Primary,) Scarlatina Malig— Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician

Place of Burial, M. St. Jerome's Cemetery

Date of Burial, May 26th

Undertaker, Alex Tippet

Place of Business, 1 Bond St. 151

S. Glanville, Rock M. D.
Medical Attendant.

Address Balt & Wash sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9930, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 26 1876

CERTIFICATE OF DEATH.

Date of Death, May 25. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hazle

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} No 10 Shutter. st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthma

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, May 27 1876

Wm. F. O'Neill M. D.
Medical Attendant.

Undertaker, John W. Locke

Place of Business, Wall St *Address* 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9931,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Kerrin

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Shop Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} Druid Hill ave 1324

Cause of Death, {First (Primary.) Bronchitis / Second (Immediate.) Cystitis obstruction & Extravasation

Duration of Last Sickness, About two months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 27th 1876

Undertaker, Andrew Leitz

Place of Business, 61 & Druid Hill Ave

Chas. O. Donovan M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 26 1876

CERTIFICATE OF DEATH.

Date of Death, May 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~No~~ 8 Addison St

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 26 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address*

O'Mahon M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9933,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Facier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} St. Paine near Eighth

Cause of Death, First (Primary.) Disease of the Spine

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 28 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Jno Burke Coyle M. D.
Medical Attendant.

Address 166 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of John W. Powell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 Minutes ~~Days.~~

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 4 Fissel Street

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 26th 1876

Undertaker, Wm. T. Gray

Place of Business, 65 Mulberry St

James A Steuart M. D.

[illegible] St.

Registrar

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

Board of Health, City of Baltimore,

Permit No. 9935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon H. Lewyt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Jewelry

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gouda - Holland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 61 N Front St

Cause of Death, First (Primary,) Cirhosis of Liver

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Cemetery

Date of Burial, May 29 1876

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

O. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9936 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Groz.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Wh. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 91 Raborg St.

Cause of Death, {First (Primary,) Pneumonia -
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sarah Cemetery

Date of Burial, May 28th 1876

A. G. Mitchell M. D.
Address None

{*Undertaker,* P. Kimmert
Place of Business, 317 Mulberry St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9937

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Reynolds

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} * 236 Constitution St.

Cause of Death, First (Primary,) Purpura Hemorrhagica

Second (Immediate,) —

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Dyrne Pa

Date of Burial, May 27 - 76

A. Hartman & Son M. D.'s
Medical Attendant.

Undertaker, John W. Redenmayer

Place of Business, & Co. Dunmanc are & Monument St

Address * 303 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 451)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9938 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Probst

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 147 Hill St.

Cause of Death, First (Primary,)

Second (Immediate,) Dysentery

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Woodlawn Balto

Date of Burial, May 28 1876 M. D.

Medical Attendant.

Undertaker, C F Krause

Place of Business, 209 Hanover st *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9939 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William P. Dricks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 Years. ~~Years~~ Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pittsburgh Pa.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 339 E. Eager

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, May 27th/76

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Risqui & Monument St Address 297 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna S. Carey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 36 Byrd St"

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Strangled

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, May 29 1876

Undertaker, A. F. Krause

Place of Business, ~~36 S. Byrd~~ N. W. cor Hanover & Barre sts

R. C. Lee M. D.

~~Medical Attendant~~ Coroner

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Milton Price

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Two *Years,* Eleven *Months,* Fourteen *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 30 Jackson Street.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Dif. Hemiter

Duration of Last Sickness, About Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 27/76

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Duffy

Place of Business, 422 Broadway *Address* 108 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wms Sikes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Adema of Lung

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Shaftsbury Cemetery

Date of Burial, May 28th

{*Undertaker,* Geo Elsen

Place of Business, 101 Gough St *Address*

A Friedenwald *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9943,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Violet Merrill Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 26 days *Days.*

Color, Blk *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Little Broadway

Cause of Death, First (Primary,) Mal Metritis

Second (Immediate,) Spasm

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery James A Cain M. D.

Date of Burial, May 27 1876

Undertaker, Geo T. Jones

Place of Business, 162 Dallas St *Address* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Leo Walker Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Engles

~~*Sex*~~, *Male or* ~~*Female*~~, { Cross out the word not required in this line. }

Age, *Years,* *18* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Boston & N. Canton

Duration of Residence in the City of Baltimore, During life time

Place of Death, { Give street and number. } 21 Harrison St. Canton

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 27 9 A M

D. H. M. Mansfield M. D.
Medical Attendant.

{ *Undertaker,* Richard Hall

{ *Place of Business,* 233 E Balto St *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eben Pennsbury

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years* Six *Months,* Eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 13 Sterrett Street

Cause of Death, First (Primary,) Scarlatina, terminating in

Second (Immediate,) Diphtheria

Duration of Last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 28

Undertaker, Wm J. Tolson

Place of Business. 65 S. Eutaw st *Address* 5 1/2 W Balto St

E Gover Cox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. J. Wilkinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty-eight *Years,* Eleven *Months,* Twenty three *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All His Life

Place of Death, {Give street and number.} # 34 South Carrollton avenue

Cause of Death, First (Primary,) = Typhoid Fever =

Second (Immediate,)

Duration of Last Sickness, Fri Days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 28th 1876

Undertaker, Jo. R. Coale

Place of Business, 707 W Balto. St. *Address*

J. S. Luthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Sheer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 111 N Caroline St

Cause of Death, { First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 28th 1876

{ *Undertaker,* J. B. Cook

{ *Place of Business,* No 707 W Baltimore St

Jno Ingleman M. D.
Medical Attendant.

Address 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27, 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Roesler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~ 26 ~ *Years,* ~ 5 ~ *Months,* — — — *Days.*

Color, White

Married, ~~or~~ *Single,* ~~or Widowed or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Can Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, L 20 years —

Place of Death, {Give street and number.} No 86 Register St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, St Alphouses Cem

Date of Burial, May 28 76

Undertaker, W Diffel

Place of Business, S Bond St 131

Thomas B Evans M. D.
Medical Attendant

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9949.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Wesley Robinson

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* ——— *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 3 Bordwards St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 9 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Annapolis A.A.Co.

Date of Burial, May 28 1876

A H Henry M. D.
Medical Attendant.

Undertaker, W. H. Hockman

Place of Business, N Gay St *Address* 26 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 452.)

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno C. Peters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, a Coul 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown.

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Wm St, Dock, foot of Quay ally.

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, ~~Western Potters Field~~

Date of Burial, May 26th /76

Undertaker, M. H. & C Perry

Place of Business, 448 West Balto St

R. C. Lee M. D.

~~Medical Attendant~~ Coroner S. D.

Address Hanover & Barre sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May. 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Banton

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 5. *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——.

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Erie . Penna .

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} No 9. St James . St.

Cause of Death, First (Primary,) Acute Nephritis

Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, May 27th 1876

Undertaker, [illegible] C. Dunger

Place of Business, No 104 East St.

W. C. Ireland M. D.

Medical Attendant.

Address 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Nine *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto *Sex,* ———

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} No. 19. Lambert st.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Uremic poison

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th 1876

Undertaker, [illegible] A. Unger

Place of Business, No 84 East St.

H. B. Gardner M. D.
Medical Attendant.

Address 721 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto M. D.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Ivy Alley

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 28th May

Undertaker, Wm James Gray.

Place of Business, 62 Mulberry St.

Henry F. Garey M. D.
Medical Attendant.

Address 62 Park Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 372 Ostend St

Cause of Death, First (Primary,) Congestion Chill

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Burying Ground

Date of Burial, 28th of May

Undertaker, Julius Koehler.

Place of Business, 360 S. Sharp st

I. C. Bunch M. D.

Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(9955)

Permit No. [redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Dacey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 (about) *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Marble Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor. Wolfe & Ensor Sts

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 or 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Family Cemetery Harford Road

Date of Burial, May 28 1876

C. C. Klein, M. D.
Medical Attendant.

Undertaker, James P. Byrne

Place of Business, No 63 N Front St *Address* 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kundy Hertel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 49 N. Bush

Cause of Death, {First (Primary,) Consumption 7 d

{Second (Immediate,) — do —

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St [redacted]

Date of Burial, May [redacted]

Undertaker, A. Kunkel

Place of Business, 244 Forrest St *Address* 86 2 Bayto

Last Illness — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9657.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. Hartley Horsfall

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 4 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 4 yrs 2 mos

Place of Death, { Give street and number. } 1 Washington ave

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) acute albuminuria

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 29

Burd McCausland M. D.
Medical Attendant.

Undertaker, Wm. Knell

Place of Business, 211 Columbia st. *Address* 309 Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Binkle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Steward

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va. U. S.

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} 6 N. Caroll St

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Asbury Cem'y

Date of Burial, May 28.

Undertaker, Wm Fry

Place of Business, 54 N Broadway

G. G. Rusk *M. D.*

Medical Attendant.

Address Balt & Mark Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9959

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Martha Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ~~Years,~~ *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt: City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 106 Holliday St

Cause of Death, {First (Primary.) Convulsions / Second (Immediate,)}

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28 1876

{*Undertaker,* H. C. Jordan / *Place of Business,* 632 Park Ave}

James H Cowan M. D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9960

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, Dark brown *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No 1 Chestnut st

Cause of Death, First (Primary,) Ulceration of Spinous Bone

Second (Immediate,) Paralysis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28th 1876

Undertaker, William A. Lange

Place of Business, N. 69 East St

B. F. Bohm M. D.
Medical Attendant.

Address Cor Dolphin & Rop

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9961

HEALTH DEPARTMENT MAY 28 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward James Edward

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 16 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 107 Mulberry St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 107 Mulberry St.

Cause of Death, {First (Primary.) Diphtheritic Inflamation Throat & Glands
Second (Immediate.) Infiltration or Oedema of Larynx

Duration of Last Sickness, 4 d

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Country

Date of Burial, 29 May 1876

Undertaker, Hy B. Jenkins & Son

Place of Business, 16 Light St. *Address* 114 Hanover St City

Geo. W. Dawson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 29
1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th. 876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~. {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila. Penna.

Duration of Residence in the City of Baltimore, ~~Life~~ Five years.

Place of Death, {Give street and number.} 37 Washington St. Sick

Cause of Death, First (Primary,) Continued Fever

Second (Immediate,) Gastritis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, May 29th 1876

Undertaker, ~~H. J. Shultheis~~ J. W. Locke

Place of Business, & Monument

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt. & Mark. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Lenz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Forty one *Years,* one *Months,* three *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Tinner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bleichenbach Hes Darmstadt Germany

Duration of Residence in the City of Baltimore, Thirty nine Years

Place of Death, { Give street and number. } N. Fremont St. No 71

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, For Year.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetary

Date of Burial, May 30th 1876

J. J. Ziegler M. D.
Medical Attendant.

Undertaker, J. H. Butler,

Place of Business, 1275 Mulberry St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice E. Logan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty one *Years,* 5 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number.} N. Howard St No 98

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 29th 1876

Undertaker, R Kennard & Son

Place of Business, 92 N Howard St

W H Davis. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ludeb

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* Twenty three *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 170 South Caroline Street corner of Bank

Cause of Death, First (Primary,) Teething

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsus Cemetery

Date of Burial, May 29th

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Michael Franke

Place of Business, No. 33 Bank St. Address 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 9946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* 21 *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Sixty five Years

Place of Death, {Give street and number.} 96 S. Paca St.

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness, declining for many Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 30

Undertaker R. H. A. Bevan

Place of Business, Balto st bet Bond & Broadway

W. R. McShane M. D.
Medical Attendant.

Address 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No 30

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Adams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 0 *Months,* 1 *Days.*

Color, Dark Brow *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 55 Josephine st

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} No 55 Josephine st

Cause of Death, First (Primary,) Haemorrhage

Second (Immediate,)

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29th 1876

Undertaker, Wm James Gray

Place of Business, 65 Hanover St

B F Bohn M. D.
Medical Attendant.

Address Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Atwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Maryland.

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 38 Vine st

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheria

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Harp H Cemetery

Date of Burial, May 29th 1876

Undertaker, Wm J Gray

Place of Business, 65 Medley St

Frank Geiman M. D.

Medical Attendant.

Address 57 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward McCarter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, last 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore md. during life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 cross st.

Cause of Death, {First (Primary,) inflammation of bowels

Second (Immediate,) Ectasion

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 29th 1876

Undertaker, Suling Koehler

Place of Business, Sharp & Cross sts

W. W. Hodge M. D.
Medical Attendant.

Address 207 W. Pratt
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Badger.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 10 *Months,* *Days.*

Color, White, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of New York.

Duration of Residence in the City of Baltimore, About 35 years.

Place of Death, {Give street and number.} South Sharp St. "Last House."

Cause of Death, First (Primary,) Tuberculosis.

Second (Immediate,) "

Duration of Last Sickness, Said to be about one year.

All the above information should be furnished by the Physician.

Visited but once by.

Place of Burial, Western Cemetery

Date of Burial, May 29th 1876

J. B. White M. D.

Medical Attendant.

Undertaker, John Stacher.

Place of Business, No 150 Camden St.

Address Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9971.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Rockford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 367 Druid Hill Ave

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, about Two Years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Co.

Date of Burial, 30th May 76

Edwd F. Mulholland M. D.
Medical Attendant.

Undertaker, H. & W. Jenkins & Son

Place of Business, 16 Light St. *Address* 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1976 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias E. King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~48~~ *Years,* 3 *Months,* *Days.*

Color, White, ~~Sex,~~

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of ~~Residence~~ in the City of Baltimore, 48 years

Place of ~~Death~~, {Give street and number.} 76 Cathedral St.

Cause of Death, {First (Primary,) Chronic Laryngitis

Second (Immediate,) Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friend's Ground Overfield Road Mt. Olivet M. D.

Date of Burial, 30th May 76 Undertaker's Assistant

Undertaker, Wm. Jenkins Son *Address* 166 N. Fayette St.

Place of Business, 10 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9973,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Preston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 152 Cambridge st.

Cause of Death, First (Primary,) Phthisis Pulmonalis — Chronic Pleurisy

Second (Immediate,) Exhaustion

Duration of Last Sickness, Indefinite — about six months

All the above information should be furnished by the Physician.

Place of Burial, Mt Lamuel Cemetery

Date of Burial, May 30th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

C. Lawson Tiffany M. D.
Medical Attendant.

Address 69 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane H. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania, Chester Co. or Delaware

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} # 158 Chew St.

Cause of Death, First (Primary,) Ascites

Second (Immediate,)

Duration of Last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 29th 1876

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

A. Hartman & Son M. D.'s.
Medical Attendant.

Address # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} gas Fire Worker

Sex, Male or Female, {Cross out the word not required in this line.} .. *Days.*

Age, 24 *Years,* *Months,*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Co Penna

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 39 Barnes St

Cause of Death, {First (Primary,) Cancer of Testicles / Second (Immediate,)} 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, York Penna | Edmund Revell M. D.

Date of Burial, May 29 1876 | Medical Attendant.

{*Undertaker,* Henry Ford / *Place of Business,* 19 N. Gay St.} | *Address* Govans P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 453.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 29 1976
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gries

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} S. W. Cor. Register & Caulton Ave.

Cause of Death, First (Primary,) Internal Convulsions

Second (Immediate,) ____

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery John H. Rehberger, M. D.
Medical Attendant.

Date of Burial, 29 May 1876

Undertaker, H. Elliott *Address* 243 Alice Anna St.

Place of Business, 269 Carlton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw. F. Lambert

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 49 S. Castle St.

Cause of Death, First (Primary,) Marasmus.
Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery G. A. Kiesk M. D.

Date of Burial, 30 May 1876 Medical Attendant.

Undertaker, H. Eckhart Address Balt & Mech. Sts.

Place of Business, 269 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9978,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Brunner

Sex, Male or Female, {Cross out the word not required in this line.} ..... *Months,* ..... *Days.*

Age, 65 *Years,* .....

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Switzerland.

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 175 Penn Ave

Cause of Death, {First (Primary,) Heart disease
Second (Immediate,) sudden death

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, W. J. Field | Geo C Gyle coroner *M. D.*
Medical Attendant.

Date of Burial, May 29 4

Undertaker, C. H. Le Sure | *Address* .....

Place of Business, 448 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9979.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph T. England

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 84 Mc Culloh St

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Sporadic Cholera & Collapse

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, May 29.

Undertaker, C H Blizard

Place of Business, 201 Penn ave

Edmund Walker M. D.
Medical Attendant.

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hamitton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} Cumberland st

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, May 29

Undertaker, C H Blizzard

Place of Business, 201 Penn av

John S Pennington M. D.
Medical Attendant.

Address 98 N Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REFERRED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9981.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J Laurence White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Prestman & Gilmer

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Londan Park

Date of Burial, May 29

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Roberts

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Eighteen *Years,* Seven *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac County, Virginia

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 278 Montgomery St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, One week, under treatment, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29/76

Undertaker, Stewart H Chase

Place of Business 198 W Lemmon St

Atkins Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...y and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, 2 y 2 mo.

Place of Death, {Give street and number.} No 12 Carlton St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, May 29 / 76

Undertaker, Samuel W Small

Place of Business, 19 & 21 Howard St

H. W. Weber M. D.

Medical Attendant.

Address 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y F I L

Board of Health, City of Baltimore,

Permit No. 9984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adel Smallwood

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 25 *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 S. Register St

Cause of Death, {First (Primary,) Dentition / Second (Immediate,) convulsions

Duration of Last Sickness, 7 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, May 29 1876

James A Steuart M.D.

Undertaker, John H. Locke

Place of Business, Wolf St

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary E. Smallwood Mother [OVER.]

KODAK SAFE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizebeth Curtis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 1 3 *Months,* 1 5 *Days.*

Color, Black *Sex,* ____

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 13 Months + 15 days

Place of Death, {Give street and number.} 77 N Durham St.

Cause of Death, First (Primary,) Tubercular, Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29th 1876

Undertaker, J. W. Cook

Place of Business, 52 South [illegible]

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday — May 28. — 76 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Graham Fulton —

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male —

Age, 38 — *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male —

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married —

Occupation, Clergyman —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md —

Duration of Residence in the City of Baltimore, 10 days —

Place of Death, {Give street and number.} Chas & Lee Sts —

Cause of Death, First (Primary,) Operation for Paronychia —
Second (Immediate,) Pyaemia ———

Duration of Last Sickness, 9 days

All the above information should be furnished by the Friends.

Place of Burial, Huntingdon Balto Co

Date of Burial, May 30th 1876

F. D. Garvin M. D.
Medical Attendant.

Undertaker, H C A Davis

Place of Business, 4 & 6 E Lee St

Address Chas & Lee Sts
N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dying, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28- 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dagger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore, nine months

Place of Death, {Give street and number.} 57 Little Monument St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate.)

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 29th May 1876

Undertaker, William J Gray

Place of Business, 65 Salisbury St

J E Atkinson M. D.

Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Gronager

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 4 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 51 S. Madeira Alley

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. *Pierce G. Dawes* M. D.

Medical Attendant.

Date of Burial, May 30th 76

Undertaker, H. Frazer *Address* 27 N. Broadway

Place of Business, Lazar Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marian ~~Wolf~~ Nowk

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Bra~~ Bavaria

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 30 Anthony St-

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 31st 1876

Undertaker, [illegible]

Place of Business, [illegible]

E. Jno Walls M. D.
Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person eased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wolfgang Völk

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 6 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Eutaw & Camden- "Washington Hotel"

Cause of Death, First (Primary,) ———

Second (Immediate,) Hemiplegia - Cause Effusion of blood into the brain

Duration of Last Sickness, Eight days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 30 th

Undertaker, Wm F. Tokner

Place of Business, 65 S. Eutaw st

Louis W. Knight M. D.
Medical Attendant.

Address 112 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Kuhlman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 5 *Months,* 7 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 42 Spring St alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Exhaustion

Duration of Last Sickness, About one year

All the above information [illegible]

Place of Burial, [illegible] Cemetery

Date of Burial, May 1876 Geo A Hartman *M. D.*

Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 307 Eutaw Ave Address 305 N Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9992

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. C. E. Conlin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* —— *Months,* —— *Days.*

Color, W *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, {Give street and number.} St Joseph's Hospl Cor. Caroline & Hoffman

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Joseph's

Date of Burial, May 31st 1876

Undertaker, Holmes Holt

Place of Business, 207 Caroline St *Address*

Oscar J. Cookery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V. Barrett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 36 S. Mount st

Cause of Death, First (Primary,) Consumption - (Lungs)

Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, I. O. Cook

Date of Burial, May 30th 1876

Undertaker, Mch Direct Co

Place of Business,

John Neff M. D.
Medical Attendant.

Address 558 W. Fayette st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

Date of Death, Monday May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Elizabeth McDonald

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 5 *Months,* 21 *Days.*

~~Color~~, White *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since her birth

Place of Death, {Give street and number.} 56 Albemarle St.

Cause of Death, First (Primary,) Tales one oil Burning

Second (Immediate,) Burned with Coal oil.

Duration of Last Sickness, Six hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary

Date of Burial, May 31st 1876 A. Irvin Shortzer M. D.
Medical Attendant.

Undertaker, James I Byrnes

Place of Business, 63 N. Front St *Address* 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No.

Board of Health, City of Baltimore,

Permit No. 9995

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman J. Lieb

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Manufacturer of vinegar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. Forty years

Place of Death, {Give street and number.} 253 S. Bond St.

Cause of Death, {First (Primary,) Delirium Tremens

{Second (Immediate,) Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Union Cemetery

Date of Burial, 1st June 1876

Undertaker, John C. Smith

Place of Business, 6 Hanover

A. F. Erich M. D.

Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9994.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday May 29 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Drummond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, Female Widow

Occupation, Impostress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E. Shore Virginia

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} Church Home & Infirmary

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, May 30/76

Undertaker, John X Stewart

Place of Business, 31 Park Ave *Address*

Thos O Garvin —M. D.
Medical Attendant.

Ch. Home & Infy
N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9997.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Found May 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno T Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Night work man

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Chapel Street near Eager

Cause of Death, First (Primary,) Pistol Shot thro' cervical (axis) spine

Second (Immediate,)

Duration of Last Sickness, Been missing three weeks to-day

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, May 31 1876

Undertaker, Jesse Steele

Place of Business, Eng N. Exchange

Edmund R Walker M. D.
Medical Attendant.

Address Corner M. P. S.

This case is still in the hands of the jury, but I have made a careful examination of the body & am convinced that death was caused by a pistol shot wound of the cervical vertebrae & spinal cord

Edmund R Walker M.D.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Monbrau

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* — *Days.*

Color, W *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton — Md.

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} St. Joseph's Hospl

Cause of Death, First (Primary,) Old age

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, May 31st 1876

Undertaker, Henry Stark

Place of Business, 139 W. Lombard.

Oscar J Cosmus M. D.
Medical Attendant.

Address St Joseph's Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Russell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Eighty Four *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married, Single, If Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cupar, Fife Shire, Scotland

Duration of Residence in the City of Baltimore, Fifty eight years

Place of Death, {Give street and number.} 6 Myrtle Ave

Cause of Death, First (Primary,) Old age

Second (Immediate,) Gangrena Senilis

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, ~~London~~ Park

Date of Burial, May 31st 1876.

Undertaker, Wm H. Hickman

Place of Business, 234 E. Gay St.

Morris Viner M. D.
Medical Attendant.

Address 249, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1876 3½ A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Veazey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil County Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} N. E. Corner Cent. Avenue & McElderry St.

Cause of Death, First (Primary,) } Old age
Second (Immediate,) }

Duration of Last Sickness, Confined to bed over 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 31st

Undertaker, Geo. Schilling

Place of Business, Cor. Biggs & Monument st *Address*

J. J. Cockrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie Geoghegan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* One year *Months,* 3

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 231 N. Charles St

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and number.} 210 24 Church St

Cause of Death, First (Primary,) ___

Second (Immediate,) Tabes Mesenterica

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Taylors Island, Dorchester Co

Date of Burial, May 31st 1876

Chas F. Innes M. D.
Medical Attendant.

Undertaker, Henry Brile

Place of Business, Henrietta St 81

Address 202 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 4 57 P)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10002

The Physician who attendes any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. A. Nicklas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, eight *Years,* nine *Months,* one *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 26 Knox St.

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, very ill six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemty

Date of Burial, May 30 1876

J. C. Harris M. D.
Medical Attendant.

Undertaker, McCord Bros *Address* No 360 Lexington St.

Place of Business, 89 Eutaw St at Present

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10003.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four Hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th - 1876 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Robinson -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 - *Years,* 10 *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all his life -

Place of Death, {Give street and number.} 108 Shield's alley

Cause of Death, First (Primary,) Scrofulous Caries of Knee Joint -

Second (Immediate,) Exhaustion -

Duration of Last Sickness, 4 months -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, May 30 1876

Undertaker, John C Selden

Place of Business, 63 Park Ave

R. H. Goldsmith - M. D.
Medical Attendant.

Address 125 N. Charles St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida E. Chapin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 113 Albemarle St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 30

Undertaker, Gr Rossiter

Place of Business, 136 E Fayette

Harman B Lemmon M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 10005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Leone Hickman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 7 *Months,* 16 *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lovettsville Loudoun Co Va

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} 574 S Schroeder St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudoun

Date of Burial, May 30th

Undertaker, Wm. Ott. Jr.

Place of Business, 782 W. Baltimore *Address* 396 N. Fayette

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 2455)

[OVER]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 10006

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876 @ 30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Ennels

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 192 S. Dallas

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible] E. Emerelle M. D.

Place of Business, [illegible] *Address* 299 E. Baltimore

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Brown

~~*Sex, Male*~~ *or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, Thirty four *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number.} 9. Jim foot alley.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hemorrhagia.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, May 30th 1876

{*Undertaker,* John W. Locke

{*Place of Business,* 52 S. Wolf st

N. Caldwell Leland M. D.
Coroner E. Dist. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVE

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK of this [illegible]

Board of Health, City of Baltimore,

Permit No. 11008.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, found May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} (Unknown) Augusta Heumann

Sex, Male or Female, {Cross out the word not required in this line.} Unknown Female

Age, about 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Basin, foot of Barre St.

Cause of Death, {First (Primary,) Drowned

Second (Immediate,) Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. D. Field

Date of Burial, May 29th

Undertaker, A. Lee & Son

Place of Business, 448 W. Pratt

R. C. Lee M. D.
Medical Attendant.
Address Hanover & Barre Sts. Coroner's Dr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown, found May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 60 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Unknown, found on the South Side of the Basin Opposite Johnson Coal Wharf

Cause of Death, First (Primary,) ———

Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, May 29th

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.
Medical Attendant.

N. W. cor. Broadway & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

Date of Death, May 30th 1876 –

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Amanda Mortlee

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 66 *Years,* 2 *Months,* 20 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Roxbury – Mass.

Duration of Residence in the City of Baltimore, Sixty-two years

Place of Death, {Give street and number.} 413. N. Carey St

Cause of Death, {First (Primary,) Asthma. Second (Immediate,) Bronchitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 1st 1876

Undertaker, Jacob Mauer

Place of Business, 103 & 106 Orchard St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 10911.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lopez

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6. *Years,* — *Months,* 21. *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 83. Wolcomb alley

Cause of Death, {First (Primary,) / Second (Immediate,) Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30 76

Undertaker, Michael McShane

Place of Business, 44 & 46 Howard St

Medford Boyle M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to Law of Registration.

Board of Health, City of Baltimore,

Permit No. 10014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Eugene Myer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Eight *Months,* Twenty one *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} 144 Hill. street

Cause of Death, {First (Primary,) Irritation

{Second (Immediate,) Tubercul Meningitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, May 30th 76

{*Undertaker,* Thomas W Grace

{*Place of Business,* 4th Howard st

J. H. Brown M. D.
Medical Attendant.

Address 176 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 10013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida L. Ballard

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 237 S. Eutaw

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 30 76

Undertaker, [illegible]

Place of Business [illegible]

Ellis Michaux M. D.
Medical Attendant.

Address No 68 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ed. Brown Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/2 hour ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 106 Henrietta St

Cause of Death, {First (Primary.) ——— Second (Immediate.) Asthenia

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30 1876

Undertaker, S. W. Chase

Place of Business, S. Eutaw St *Address* Proprietors of Hearse & Regester

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by S. W. Chase Undertaker

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of

Board of Health, City of Baltimore,

Permit No. 10015

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Pennington.

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, Fifteen *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Back Cty.

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, { Give street and number. } 54 S. Bond Street (Basin)

Cause of Death, { First (Primary,) ——— Second (Immediate,) Drowning.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31st 76

Undertaker, Richard Kunkel

Place of Business, No. 35 Bank St.

C. Ireland M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of [illegible]

Board of Health, City of Baltimore,

Permit No. 10016

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th May

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilhelm Heinrich Glowneyer.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, *Years,* 6 *Months,* 2 *Days.*

Color, ~~white~~

Sex, male

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

~~Occupation,~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. } 135 Chew, corner of Dallas St.

Cause of Death, ~~First (Primary,)~~ Second (Immediate,) Dentitio, (Spasm).

Duration of Last Sickness, eight days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 30th 1876

Robert Author) M. D.
Medical Attendant.

Undertaker, H. Schultheis

Place of Business, Monument St. *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 10017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerish Mutti

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, To attend faithfully to her family

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, From Infancy

Place of Death, {Give street and number.} 253 Walsh Street

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

W. H. Thorpe M. D.
Medical Attendant.

Address 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Caulker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore, Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 169 N. Washington St.

Cause of Death, First (Primary,) Age

Second (Immediate,) Anemia

Duration of Last Sickness, Do not Know, saw him twice only previous to death

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, May 30th 1876

Undertaker, John W. Looker

Place of Business, 27 S. Wolf st

James F. Shaw M. D.
Medical Attendant.

Address 257 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...l of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10019

HEALTH DEPARTMENT
31
1976
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th day of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Victoria Baltz.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* 8 *Days.*

Color, white *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 47 Marion Street

Cause of Death, First (Primary,) Tuberculosis Phthisis.

Second (Immediate,) Basilar Meningitis.

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, ~~Bath Cemetery~~ Baltimore Cemetery

Date of Burial, 31 May

Undertaker, Conrad Kunkel

Place of Business, 160 Park Ave

H. Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A K S A F

Board of Health, City of Baltimore,

Permit No. 10020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie J. Whittemore

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give street and number.} 16 S. Chester St.

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Exhaustion of Brain.

Duration of Last Sickness, Twenty one Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 1st 1876

Undertaker, Wm Fox

Place of Business, Broadway

G. Glanville, Rusk M. D.
Medical Attendant.

Address Balto Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES ...

Board of Health, City of Baltimore,

Permit No. 10021

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Horace Distance

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, col

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give street and number.} Little Sinert No 10

Cause of Death, {First (Primary,) .....
{Second (Immediate,) Trismus Nascentium

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1876

{*Undertaker,* Williams & Dunge
{*Place of Business,* 40 & 42 East St.

E. C. Baldwin *M. D.*
Medical Attendant.

Address 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10022.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3h 30m. A.M. 30th May, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Gardiner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Fifteen *Years,* Eleven *Months,* Eighteen *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Schoolgirl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 15 years - 11 Months & 18 days

Place of Death, {Give street and number.} 229 Aisquith Street near Point Lane

Cause of Death, First (Primary,) Convulsions - from Suppressed Menses

Second (Immediate,) " " " "

Duration of Last Sickness, about 15 hours -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31st 1876

Undertaker, Charles Fillerer & Co

Place of Business, 161 Hanover St

Wm. J. Worth M. D.
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ON of PHYSICIANS is RESPECTFULLY INVITED to the ...

Board of Health, City of Baltimore,

Permit No. 11023,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY
1976
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhain Koch

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio, Galle Co

Duration of Residence in the City of Baltimore, 1 Yr

Place of Death, {Give street and number.} 180 E Cambria

Cause of Death, {First (Primary,) Carbuncle

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, 8th May

Geo. H. Dunn M. D.
Medical Attendant.

Undertaker, Stackhouse, Emm

Place of Business, Light St.

Address 180 E Cambria St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10024 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended [illegible] son in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Weigand

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany - 28 years

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 18 Liberty alley

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Senile decay

Duration of Last Sickness, 5 years -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 1st 1876

Undertaker, H. Hoeck

Place of Business, 309 Central Ave

James A. Steuart M.D.

Address Commrs of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by H. Hoeck Undertaker [OVER.]

Board of Health, City of Baltimore,

Permit No. 10025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Distance

Sex, [redacted]r *Female,* {Cross out the word not required in this line.}

Age, ~ *Years,* 5 *Months,* ~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Lemmon Alley

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,) Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H. Kemp M. D.

Date of Burial, May 31, 1876

Undertaker, John C. Gordon

Place of Business, Park St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Ann Duffin Midwife

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Andrew Ball

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 269 Jefferson St

Cause of Death, {First (Primary,) Pneumonia — (8 months Foetus

{Second (Immediate,) Asthenia

Duration of Last Sickness, all its Life —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 31, 1876

Undertaker, Peter W. Lockie

Place of Business, Wolf St

Jamison Clemens M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Ball Father of child

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART MAY 31 1876 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, May 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Murry.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about 43 Years

Place of Death, {Give street and number.} 57 E. Eager St. Baltimore

Cause of Death, First (Primary,) Affection of Brain

Second (Immediate,) Paralysis.

Duration of Last Sickness, about 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 31st 1876

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Wm H. Stokes M. D.
Medical Attendant.

Address 141 St. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10028.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Dougherty

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 N. Bond St

Cause of Death, {First (Primary.) unknown

{Second (Immediate.) Convulsions

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 31st 1876

{*Undertaker,* H. W. Mears

{*Place of Business,* 8. Gay St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by H. W. Mears — Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Freeman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 15 St James St

Cause of Death, First (Primary,) Phthisis Pul;

Second (Immediate,) ~~Haemoptysis~~ Hemmhage from Lungs

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1st 76

Undertaker, Wm. A. Ross

Place of Business, 1119 E. Balt. St.

Edw'd Kreulen M. D.
~~Medical Attendant~~
Coroner

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...OF PHYSICIANS IS RESPECTFULLY INVITED TO THE ...

Board of Health, City of Baltimore,

Permit No. 10030.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8 ~~Months~~ Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Spasms

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 1. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret E. J. Nicklas

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, Years, nine Months, 22 Days.

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 26 Knox Al.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) "

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 1st

Undertaker, McCrackin

Place of Business, Saratoga St. *Address* No 360 Lexington St.

S. C. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Inez Frances Strut

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 46 S. Mount St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 1st

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

W. B. McShane M. D.
Medical Attendant.

Address 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10033.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin H. Turpin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 301 Aisquith St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Consumption of the Lungs

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 1st 1876

Undertaker, Jno T. Newman

Place of Business, 201 E. Madison *Address* 432 N. Caroline

J. D. Walsh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10034

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lenata Foster,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3, *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, Own life,

Place of Death, {Give street and number.} 287 N. Broadway,

Cause of Death, First (Primary,) Tuberculosis,

Second (Immediate,) Tabes Mesenterica,

Duration of Last Sickness, 1 Month,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 2d 1876

Undertaker, Wm Fryer

Place of Business, Cor Broadway & Fayette

I. H. Hock, M. D.
Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Goldhamer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56. *Years,* 9. *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32. Years

Place of Death, {Give street and number.} 13. James alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Boston Cemetery Theodore Bode M. D.

Date of Burial, June 1st/76. Medical Attendant.

Undertaker, L. N. Toll.

Place of Business, 90 S. Howard St. *Address* 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10036

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily R Mason

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Twenty-three *Years,* Eleven *Months,* Twenty-six *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 17 Hamilton St -

Cause of Death, First (Primary,) Puerperal Convulsions

Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 1st 1876

Undertaker, Wm H Bishop Jr

Place of Business, 120 Smith Hill Av.

D G Rion M. D.

Medical Attendant.

Address 89 Mulberry St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Franklin Scott.

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, White 1 *Years,* ~~23~~ 11 *Months,* X *Days.*

Color, White *Sex,* Male

~~*Married,* *Single,* *Widow* or *Widower,*~~ {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 23 months

Place of Death, {Give street and number.} 352 Aisquith St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1st 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Address 131 N Charles St Baltimore Md

D W Lucas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10038,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th mo. 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward B. White [redacted]

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 9 ~~52~~ *Months,* . *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 22 E. Fayette St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 1st 76

W. Riley M. D.
Medical Attendant.

Undertaker, Jno H. Weaver

Place of Business, 22 E. Fayette St *Address* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11039

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Elizabeth Fischer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Forty One Years, ___ *Months,* ___ *Days.*

Color, White ___ *Sex,*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany in the United States 38 years

Duration of Residence in the City of Baltimore, Thirty two years

Place of Death, { Give street and number. } ~~#~~ 805 N. Pratt

Cause of Death, { First (Primary,) Typhoid Fever

Second (Immediate.)

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, H. A. Johnsons Cemetery

Date of Burial, May 31st 1876

J. Lichtmann M. D.
Medical Attendant.

Undertaker, C. Kummel

Place of Business, 517 Mulberry Address 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10040

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30 May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Mayer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 67 *Years,* 11 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 35 years in U. S.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} W. Lombard Street 116

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 1st June

Undertaker, P. Kennert

Place of Business, Mulberry Street 317

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10041

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E Shockey

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, Twenty four *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont know

Occupation, Convict State Prison

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 1 1876

John B Boyle M. D.
Medical Attendant.

Undertaker, Chas Strieper

Place of Business, Pratt & Chester Sts *Address* 168 East Eager St

per Wm Wickersham

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11084

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Shadick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Gilmor & Prestman

Cause of Death, {First (Primary,) Mal-Nutrition

{Second (Immediate,) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, June 1.

Undertaker, C H Blizard

Place of Business, 201 Pen av

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 1. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 100453,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Carney,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 38, *Years,* ~~0~~ *Months,* *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Unknown,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Virginia

Duration of Residence in the City of Baltimore, 4 months,

Place of Death, {Give street and number.} 163 N Lombard St.

Cause of Death, First (Primary,) Metritis

Second (Immediate,) Peritonitis

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Harpers Ferry

Date of Burial, June 2nd 1876

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St

Wm H Rades, M. D.
Medical Attendant.

Address 163 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1876

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 5 Little Pine St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31 76

Undertaker, H W Thomas

Place of Business 614 W Lemmard St

W W Sutton M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10045 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm James Ray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* ____ *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 322 Montgomery St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1

Undertaker, H. Eichelberger

Place of Business, 186 N. Gay St

Selina Hall M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

Date of Death, May 31st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Mowry

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, Blk *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and number.} Fair St. 220,

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery C. C. Wattson M. D.

Date of Burial, June 1st 1876. ~~Medical Attendant.~~

Undertaker, Barton Summerville

Place of Business, 215 Eden St *Address* None.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate... out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

No. 10047

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

Date of Death, June 1st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E Price

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester Va

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} No 156 W Lombard St

Cause of Death, First (Primary,) Delirium Tremens

Second (Immediate,) Suicide by cutting throat

Duration of Last Sickness, 15 or 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, June 1st 1876

Undertaker, M. A. Daigle

Place of Business, Broadway

Edmund R Walker M. D.
Medical Attendant.

Address Coroner in P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 1879)

Board of Health, City of Baltimore,

Permit No. 10018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Funeral

Date of Death, May 31, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Hanly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give street and number.} 77 Richmond

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem'y

Date of Burial, June 2nd 1876

Undertaker, Jos F Byrne

Place of Business, 89 n Liberty St *Address*

Richd McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1110 49

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31 "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, supposed to be 90 *Years,* — *Months,* — *Days.*

Color, Black. *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since she was a little girl

Place of Death, {Give street and number.} 9 X alley

Cause of Death, First (Primary,)

Second (Immediate,) apoplexy

Duration of Last Sickness, 6. Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Thedford Brooke M. D.

Date of Burial, June 2 1876 Medical Attendant.

Undertaker, Jacob Davis

Place of Business, 103 Lee St *Address* 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 10857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Weil

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 56 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single Widowed or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 824 Aliceanna St

Cause of Death, {First (Primary,) Enteritis

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden st Cemetery

Date of Burial, June 2nd 1876

Undertaker, Moses Langood

Place of Business, No 87 Gough st

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6 Mo 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Sharp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester Va.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} N° 307 Walsh St

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, June 2d 1876

~~Undertaker~~ A. P. Sharp

Place of Business, 263 N. Pratt St.

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 459)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Gessford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* two and a half *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 232 George St

Cause of Death, {First (Primary,) congestion of the brain
Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City Elias C Price M. D.
Medical Attendant.

Date of Burial, June 2.2

Undertaker, C H Blizzard *Address* 262 Madison Av

Place of Business, 201 Penn av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11053.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Frost

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, two *Years,* 3 *Months,* 16 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 202 S. Bond st

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Dropsy

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Female Reform Cemetery

Date of Burial, 2nd June.

Undertaker, Henry Bier

Place of Business, 32 Allen st

L. C. Winkenwerder M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

Permit No. 10054

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Arthur Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 175 N. Eden St.

Cause of Death, First (Primary,) Artificial Feeding

Second (Immediate,) Mal-nutrition

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, June 2nd 1876

Undertaker, Wm. H. Hickman

Place of Business, 2304 Gay St

A. E. Stein, M. D.
Medical Attendant.

Address 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 10053 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 June 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Maria Grebe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* Six *Months,* Eight *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 0

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire Birth

Place of Death, {Give street and number.} 113 S. Eden Str.

Cause of Death, First (Primary,) Morning Ills

Second (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery G. Pape. M. D.
Medical Attendant.

Date of Burial, June 3d

Undertaker, Michael Funk *Address*

Place of Business, No. 35 Bank.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 10056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry William Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* 10 *Months,* Three *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 265 Micanna st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician

Place of Burial, Greenlawn Cemetery

Date of Burial, 4th June 1876

Undertaker, C. Schmidt

Place of Business, 265 Micanna

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

⊙ [OVER.]

Board of Health, City of Baltimore,

Permit No. 10057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Dayton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Limerick Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore & Bolden Alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Nervous Exhaustion from Want of Sleep.

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, June 4th 1876

Jno D Bell M. D.
Medical Attendant.

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw st *Address* 226 Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10058, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Bolmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41. *Years,* *Months,* 2 *Days.*

Color, White *Sex,* /

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Confectioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wirtenberg Germany

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} S. Spring St 138

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Laryngitis & Exhaustion

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemty

Date of Burial, June 2d 1876

John A Schultz M. D.
Medical Attendant.

Undertaker, H. Rocklish

Place of Business, 246 Eastern Av Address N E cor Gough & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10059.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Coney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eleven *Years,* Six *Months,* . *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fifth st No 5.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 64. days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, June 4 1876

Undertaker, Hoey & Talbert

Place of Business, 63 S Exeter st

C. L. Buddenbohn M. D.
Medical Attendant.

Address 16 Courtland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10060.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. W. Thomas & H. L. Thomas Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Wilmer alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions

Duration of Last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, Shalo St Cemetery James A Steuart M. D.

Date of Burial, June 3rd 1876 Medical Attendant

Undertaker, John C. Gordon

Place of Business, Park St *Address* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by John C. Gordon Undertaker

...ard of Health, City of Baltimore,

7061

OFFICE OF REGISTRAR OF VITAL STATISTIC...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary White

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} Broadway near No 37

Cause of Death, {First (Primary.) Peritonitis / Second (Immediate.) Intestinal obstruction

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, June 5th 1876

Undertaker, Jacob Weaver

Place of Business, No 49 Druid Hill Avenue

Chas A Doughan M. D.
Medical Attendant.

Address 115 W Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rice Edward Francis Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 62 Biddle St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Lemmon W M Anthuin M. D.

Date of Burial, June 2nd 1876 Medical Attendant.

Undertaker, John W Locke

Place of Business, 55 South Wolf st *Address* 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Deborah Haslett

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, whl *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No 96 Richmond St Baltimore

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laudau Park Cemetery *Date of Burial,* June 4th/76

J. G. Lane Tarleton M. D.
Medical Attendant.

Undertaker, F. H. Trail *Address* 129 W. Biddle St

Place of Business, 90 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11064 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2 th 10.30 a m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Winter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} No 3. Dulaney Alley

Cause of Death, First (Primary,)

Second (Immediate,) Cancer

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 4th June 3 P M

Undertaker, Jos B Cook

Place of Business, W Baltimore St — *Address*

John J. Ulzer, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10065 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Francis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 315 Forgans St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Dipthenitis

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, June 3rd 1876

Milton A. Taylor M. D.
Medical Attendant.

{*Undertaker,* Wm. Fry

{*Place of Business,* 54 N. Broadway *Address* 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10066

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ June 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph T. Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 6 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 299 Argyle Ave.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Inflamation of Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 3

P. C. Christian M. D.

Medical Attendant.

Undertaker, J. H. Shahan

Place of Business, 262 Penn Ave Address 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 10067 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josefine Senger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 11 *Days.*

Color, white *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} No 146 Saratoga St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Gangrena colli

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonso Cemetery

Date of Burial, June 8 1876

G Salzer M. D.
Medical Attendant.

Undertaker, Henry Meyer

Place of Business, No 106 N. Howard St Address 165 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Louis Darrenberger

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, ~~4 Years~~, *Years,* *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 12 E. Dallas

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 48 Hours.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, June 4 1876

James E. Donnelle M. D.
Medical Attendant.

{*Undertaker,* R Hall

{*Place of Business,* E Balto St Address 219 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10069 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sund 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Kelly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single Widowed or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, died while on a visit to Balto

Place of Death, {Give street and number.} 363 Sharp St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 1 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Kent county Md.

Date of Burial, June 3rd 1876

{*Undertaker,* Charles P. Harold

Place of Business, 161 Hanover St

Theodore Otto M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 460)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hudson St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 158 Hudson St.

Cause of Death, First (Primary,) Mal nutrition

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery John H. Martin M. D.

Date of Burial, June 3rd 3 p.m. Medical Attendant.

Undertaker, G. B. Snyder

Place of Business, 252 Eastern Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of [illegible]

No. 10071

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John O'Hara

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shell Digger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Md~~ Ireland

Duration of Residence in the City of Baltimore, Fifty two Years

Place of Death, {Give street and number.} 510 Harford Ave

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) " "

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Hay Cross Cl. J. G. Walsh M. D.

Medical Attendant.

Date of Burial, June 4, 1876

Undertaker, H. Block

Place of Business, 30 & 32 Eutaw St. *Address* 434 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 111972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* _____ *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Steam fitter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 9 Woodward St

Cause of Death, {First (Primary,) Pulmonary consumption,

Second (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, June 4th 1876

Undertaker, Jas [illegible]

Place of Business, [illegible] St

S H Cumey M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

No. 10073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~White~~ 1 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 63 Cross St.

Cause of Death, {First (Primary,) Gastric Irritation
Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th

Undertaker, Fred N. Stroll

Place of Business, 40 S. Howard St.

Theodore Bode M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

No. 10074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Hahn

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} N. W. Cor. Millington & Durham No. 216

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery J. G. Dirsch M. D.

Medical Attendant.

Date of Burial, June 3rd/76

Undertaker, Geo Schilling *Address* 27 W. Broadway

Place of Business, cor Aisquith & Monument sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

11075

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura M Cook

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during her life.

Place of Death, {Give street and number.} Cor. Lexington & Sticker Sts

Cause of Death, First (Primary,) Chronic Bronchitis.

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 4th 1876

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

A. M. Wilson M. D.

Medical Attendant.

Address 267 Mind Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10076.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

Date of Death, May 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Nine *Months,* ..... *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} N. Spring 122

Cause of Death, First (Primary,) Teething & Diarhea

Second (Immediate,) Convulsions

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3d 1876

E. A. Baldwin *M. D.*
Medical Attendant.

Undertaker, Wm. F. Lange

Place of Business, N. W. Cor Eutaw & Pratt

Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10077

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Johns

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 27 *Years,* — *Months,* 12 *Days.*

Color, Black

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 10 Temple st

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,)

Duration of Last Sickness, About Six months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 3 1876

Undertaker, Wm H Dungee

Place of Business, No 104 East St.

D Webster Cathell M. D.
Medical Attendant.

Address 120 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Mc Manus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} No 2 E. John St

Cause of Death, {First (Primary,) Asthma

Second (Immediate,) 1 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 3d 1876

{*Undertaker,* James P Byrne

{*Place of Business,* No 63 N Front St *Address* 111 Greenmount Ave

S. A. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Friederike Bartell

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 N. Frederick St

Cause of Death, {First (Primary,) Scarlatina maligna

Second (Immediate,) Collapsis

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, June 4th 76

Undertaker Chr Bartel

Place of Business #38 Frederick St

J. Mathias, M. D.
Medical Attendant.

Address 245 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10080

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Gillum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 2 Mo's

Place of Death, {Give street and number.} Cor Gilmor & Prestman

Cause of Death, {First (Primary,) Mal-Nutrition; Second (Immediate,) Bronchitis Sub-Acute

Duration of Last Sickness, 2 Mo's

All the above information should be furnished by the Physician.

Place of Burial, Loden Park

Date of Burial, June 3.

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

Tho. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10981

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julianna Sobaska

Sex, Male or Female, {Cross out the word not required in this line.} " Female.

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmor & Prestman

Cause of Death, First (Primary,) Mal-Nutrition

Second (Immediate,) Boils

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, June 3

Undertaker, C. H. Kilgarde

Place of Business, 201 Pratt Address 248 Madison Ave

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10182,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3d of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Schmidt

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 6 E. Chapels.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Collapse.

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chme

Date of Burial, June 3d 1876

{*Undertaker,* A Möhler

{*Place of Business,* 244 E Lombard. *Address* 244 E. Baltimore

F. Luthe M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 10083, OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Truman Crop

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cashier of Bank

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Pr Geo Co Md

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give street and number.} No 9 S Howard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Supposed to be Heart disease

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 4th June 1876 Geo C Ogle Coroner M. D.
Medical Attendant.

Undertaker, Henry W Jenkins Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10084

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Jones

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, June 3rd 1876

Undertaker, Chas. Sleeper

Place of Business, Pratt & Chester Sts

John R Boyle M. D.
Medical Attendant.

Address 168 East Eager st
per Wm Lee Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...it No. 10085 — OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Louise~~ John Rosenauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 20 W. Canal St, Balt. City

Duration of Residence in the City of Baltimore, two days

Place of Death, {Give street and number.} 20 W Canal St

Cause of Death, {First (Primary,) Cholera Infantum,
Second (Immediate,) Convulsions
one day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, June 4th 1876

{*Undertaker,* Levi Hertzog
{*Place of Business,* *Address*

G. Liebmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 10086 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hellbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 23 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. W. Corner Lee & Warner - Sts.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Carbonic acid - Empoisoning.

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 4th 1876

Undertaker, C F Krause

Place of Business, 209 Hanover st

H Salzer M. D.
Medical Attendant.

Address 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

0087

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible], to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Beck

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 420 Cross Street

Cause of Death, {First (Primary.) Scrofula

Second (Immediate.) "

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 3 1876

Undertaker, C. F. Kraus

Place of Business, 209 Hanover St

James Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Beck father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10188 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

Date of Death, 3 June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 ~~Months~~, Weeks Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital Syphilis

Second (Immediate,) Spasms

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, June 5. 1876

Undertaker, Saml Bowers

Place of Business, 56 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 100189 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Chew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 117 Conway St

Cause of Death, First (Primary,) Teething Taken ill June 1st

Second (Immediate,) Spasm Congestion brain.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 3 1876

Undertaker, W. H. Chase

Place of Business, No 198 Howard St *Address* 53 N Paca St Balt.

M. D. Hammond
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T Y ▲ F I L M ■

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 140 Dover Street

Cause of Death, {First (Primary,) Cold & Artificial Feeding} {Second (Immediate,) Diarrhoea}

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, June 4th 1876

Undertaker, A. W. Chase

Place of Business, S. Howard St

Address Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Annie Jones mother

D A K S A F E

Board of Health, City of Baltimore,

Cert. No. 10091 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conradinga Walker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 S Central Avenue

Cause of Death, {First (Primary.) Spina bifida and general deformity

Second (Immediate,) Convulsions

Duration of Last Sickness, from moment of birth

All the above information should be furnished by the Physician

Place of Burial, Cypress

Date of Burial, June 4th 1876

D. Webster Cathell *M. D.*
Medical Attendant.

Undertaker, Jos Frank

Place of Business, 77 Hope

Address 14 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

No. 10092 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1926 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia A. Bivins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 29 King St.

Cause of Death, {First (Primary,) Acute Hydrocephalus

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Sharp cemetery

Date of Burial, Sunday June 4th

Undertaker, Jacob Davis

Place of Business, 103, Lee St

L. M. Hall M. D.
Medical Attendant.

Address 216 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 10093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. McBride

Sex, Male ~~Female~~, {Cross out the word not required in this line.} Male (Likely)

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 7 Webb St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial St Patricks cemetery

Date of Burial, June 4th 1876

Undertaker, James P Byrne

Place of Business, N 63 N Front St

Jno. Beattie Buck M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATIS

No. 110924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Myer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 58 Camden st Balt. Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Eden - T

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Inanition

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laudenslager

Date of Burial, June 3rd 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover st

J. Harvey Hill M. D.
Medical Attendant.

Address 90 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Vital Statistics, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 10095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Gertrude Graeber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~10 Months~~ ~~Years,~~ 10 Months, ~~Days.~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 56 Greenmount Ave

Cause of Death, { First (Primary,) Teething
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 4th of June 1876

{ *Undertaker,* Adam Fink
{ *Place of Business,* 461 N Gay St.

Wm Whitridge M. D.
Medical Attendant.

Address 181 N Charles Co—
Read.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ~~A~~ 10196 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* fill... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1876 BALTIMORE.

Date of Death, 3th June. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Caroline Butts

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* *Days.*

Color, white *Sex,* female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Osnabrück, Germany.

Duration of Residence in the City of Baltimore, ~~25 years~~ 40 years

Place of Death, {Give street and number.} 206 Baltimore St. Corner of Carolinen St.

Cause of Death, ~~First (Primary,)~~ Paralysis vesicae Apyrexia.

Second (Immediate,) Ascites.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem. D.

Date of Burial, June 5th 1876

Robert Anthon M. D.
Medical Attendant.

Undertaker, Schl. Hall

Place of Business, 233 E. Balto St. *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Vital Statistics, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 6007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Everhard Arbuckle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 10 *Months,* 15. *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Regulator

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 4 Patterson Av

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Since 12 Apr. 1876

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 5th of June

E. Lape, M. D.
Medical Attendant.

Undertaker, P. Kümmel

Place of Business, 317 Mulberry St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

110098

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1876 BALTIMORE.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Saunders

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Light *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex County Virginia

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} No 51 Lewis St

Cause of Death, First (Primary,) Consumption / Supervening

Second (Immediate,) upon Chronic Pneumonia /

Duration of Last Sickness, Twelve months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1876

Undertaker, John W. Sachs

Place of Business, 51 South Wolf St

Edwin W. Gordon M. D.
Medical Attendant.

Address 166 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 1118 99

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Garnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years*, *Months*, *Days*.

Color, (Colored)

Married, ~~Single, Married or Widowed~~, {Cross out the words not required in this line.} Married

Occupation, Labrer

Birthplace, {State of country (and how long in the United States, if of foreign birth.} At Marys County Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death {Give street and number.} No 229 Durham st

Cause of Death, {First (Primary,) — Tuberculosis —

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1876

{*Undertaker*, John Locks

{*Place of Business*, No 17 Wolf St

Thomas B. Evans M. D
Medical Attendant

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10100

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1876 BALTIMORE.

Date of Death, June 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4. *Months,* 28. *Days.*

Color, *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 50 Durham St. Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Intestinal Catarrh

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alysonns Cem. J. M. Carter. M. D.

Date of Burial, June 5th 1876 Medical Attendant.

Undertaker, A. Kohler

Place of Business, 244 Lombard *Address* 385 West Fayette Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10101 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Cornish Col'd

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Light Brown *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washer & Ironer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore. Dorchester Co. Md

Duration of Residence in the City of Baltimore, Fourteen Years.

Place of Death, {Give street and number.} No 249. Orleans St.

Cause of Death, First (Primary,) Had been Confined 3 mos. ago.

Second (Immediate,) Convulsions (Epileptiform).

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Dallas Street City Edwin M. Gordon M. D.

Date of Burial, June 5th 1876 Medical Attendant.

Undertaker, Wm N. Dunge

Place of Business, East St. *Address* 166 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

0102

OFFICE OF REGISTRAR OF VITAL ST

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc...* ...the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Turnbaugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Peter St. no 104.

Cause of Death, {First (Primary,) Cholera Infantum} {Second (Immediate,) Spasm}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 5th

Undertaker, J. J. Thacher

Place of Business, 130 Camden St

W. L. Buddenbh... *M. D.*
Medical Attendant.

Address N. Columbia Av...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STAT

No. 10103.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johann Ehle

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 2 *Months,* 5 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 432 Canton Av. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 432 Canton Av. Baltimore

Cause of Death, { First (Primary,) Scrofula's
Second (Immediate,) 40 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery *Dr. J. Seechen* M. D.
Medical Attendant.

Date of Burial, June 4 th.

Undertaker, H. Diffel *Address* 432 Eastern Av. Baltimore

Place of Business, S. Bond st. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATI

No. 10104.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Idlia Ann Cornish

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* one *Months,* *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 23 Chestnut Ally

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, (3) Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1876

Undertaker, Wm James Gray

Place of Business, 63 Mulberry st.

W W Austin M. D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rt of Health, City of Baltimore.

Certificate No. 10105 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeannie Grace Mc Elwaine

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 85 Bolton St Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 85 Bolton St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) ____

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 5th June 1876

{*Undertaker,* Aug H. Jenkins & Son

{*Place of Business,* 16 Light St

H. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10106 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Bottoms.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 Months ~~Years,~~ *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 6 Months.

Place of Death, {Give street and number.} Corner. Saratoga & Howard Sts

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Cholera Infantum causing Cerebral Congestion

Duration of Last Sickness, about Five days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, 5th June 1876.

Wm Cleaveland Bibbins. M. D.
Medical Attendant.

Undertaker, Hy. N. Jenkins & Son

Place of Business, 16 Light St. *Address* 47. Franklin St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11107

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Burkman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 60 Years *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and number.} ~~261 Elliot St.~~ 406 Eastern Av

Cause of Death, First (Primary,) Tumor Lar. & Stomach

Second (Immediate,) 3 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 5th 1876

Undertaker, H. M. Gilmore

Place of Business, 341 Canton Av.

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10108 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kinrietta Daily

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* f

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll County Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 315 W. Fayette St

Cause of Death, {First (Primary,) Chronic Bronchitis
Second (Immediate,) 3 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park J. H. Wilson M. D.
Medical Attendant.

Date of Burial, June 5th 1876

{*Undertaker,* Jno Lane *Address* 251 Mad. Ave.
{*Place of Business,* 567 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATI

No. 11109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Rauber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Four *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow, Widower~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} Under Calvert Station Eastern Av.

Cause of Death, {First (Primary,) Drowning. Second (Immediate,)

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, 5th June 1876

Undertaker, Robt J Saunder

Place of Business, 352 Canton Av

D. Caldwell Ireland M. D.
Medical Attendant.
Coroner E. Dist.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 20110 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Spenheimer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 35 E Fayette St

Cause of Death, {First (Primary.) Pneumonia

{Second (Immediate,) Convulsions

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemitary

Date of Burial, June 5 76

Undertaker, Peter Kummert

Place of Business, # 317 Mulberry St

Abram D. Arnold M. D.
Medical Attendant.

Address High near Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10111,

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Belle Wale

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 158 Bethel Str.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 5th 1876 C. Edward Miller M. D.
Medical Attendant.

Undertaker, Hinyfus & Co

Place of Business, 65 S. Broadway Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

0112

OFFICE OF REGISTRAR OF VITAL STATISTICS

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Gertrude Sunderland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Two *Months,* Twenty seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Maryland

Duration of Residence in the City of Baltimore, 10 Mos 27 days

Place of Death, {Give street and number.} 338 McDonogh

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Cholera Infantum

Duration of Last Sickness, about five days

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 5th 1876

{*Undertaker,* Hughes & Co

{*Place of Business,* 65 S Broadway

W. H. Sunderland M. D.
Medical Attendant.

Address 338 McDonogh Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10113,

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin B. Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* four *Months,* Seventeen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila Pa

Duration of Residence in the City of Baltimore, About two Months

Place of Death, {Give street and number.} 30 N. Gilmor St

Cause of Death, First (Primary,) ____ Second (Immediate,) Congestion of Brain

Duration of Last Sickness, About four days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetary

Date of Burial, June 5th 1876

Undertaker, Hughes & Co

Place of Business, 53'0 W Fayette

J. H. McHenry M. D.
Medical Attendant.

Address 71 W Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

10114-1

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fisher

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 34 Covington

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Theodor Boeke* M. D.
Medical Attendant.

Date of Burial, June 5th 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover st *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Court of Common Pleas, City of Baltimore,

No. 10115

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1876 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Matthews

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* *Days.*

Color, col

~~*Married, Single, Widow, Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} In Spring 122

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Baynesville

Date of Burial, June 3d 1876

Undertaker, Wm C Dunn

Place of Business, 114 East St.

E. L. Baldwin *M. D.*
Medical Attendant.

Address 124 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 462)

[OVER.]

1876,

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

Date of Death, June 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Emma Wells.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 9 ~~Months,~~ 3 *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, All her life,

Place of Death, {Give street and number.} N W Cor of Mosher & Oregon Sts,

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, 2 1/2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 6th June 1876 John. I. H. Stryker M. D.

Medical Attendant.

Undertaker, Hy W. Jenkins & Son

Place of Business, 16 Light St Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7017

OFFICE OF REGISTRAR OF VITAL STATI

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Graham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 24 years in U S

Duration of Residence in the City of Baltimore, 23 "

Place of Death, {Give street and number.} 279 N Front St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of brain probably

Duration of Last Sickness, sudden death (12 hours)

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 5th 2 Oclock

Edmund R Walker *M. D.*
Medical Attendant.

Undertaker, Chas C Rodemann

Place of Business, 138 Canton Av *Address* Coroner in P.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10118

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* , to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Muhley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 570 Light St

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem *By* Sherwood Boyle *M. D.*

Date of Burial, June 5th 1876 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1119.

...an who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Power

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years;* 6 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 190 S. Chapel St

Cause of Death, {First (Primary.) artificial nursing

{Second (Immediate.) Chol. Infantum

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Spring Cemetery *James Steuart* M.D.

Date of Burial, June 5 1876 (Medical Attendant.)

{*Undertaker,* H. Frockleche *Address* Commissioner of Health

{*Place of Business,* 246 Eastern ave & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by H. Frockleche undertaker

...who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate*... ...ertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frank

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Hammerbackers Court

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 5th 1876

Undertaker, H. Brice

Place of Business, 81 Henrietta St

James A Steuart M. D. Medical Attendant

Address Commissioners of Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by Geo Frank Father

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OFFICE OF REGISTRAR OF VITAL STATIS

who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...aker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ...to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE MD.

Date of Death, 4th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Bell Rolen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 8 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Church st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ~~Two days~~

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, June 5th 1876

Undertaker, Armstrong & Denny

Place of Business, 963 Light st

H. W. Webster M. D.
Medical Attendant.

Address 59 Barre[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

122

OFFICE OF REGISTRAR OF VITAL STATIS

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ...o to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th June 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah Comish

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} Warner st

Cause of Death, {First (Primary.) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6 1896

{*Undertaker,* J S McClure

{*Place of Business,* No 192 Howard st *Address* 57 Bank st

Wm. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

123.

OFFICE OF REGISTRAR OF VITAL STATI

...t who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June ~~May~~ 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar Howard Warfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, 24 Days.

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 348 S. Sharp St.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)}

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Morgans Chapel Carroll Co

Date of Burial, June 6

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore St Address 15-8, Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit - 461)

OFFICE OF REGISTRAR OF VITAL STATIS

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who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June ~~4~~ 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Haddock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Abt 22 Years

Place of Death, {Give street and number.} 257 Holliday St

Cause of Death, {First (Primary,) / Second (Immediate,)} General debility

Duration of Last Sickness, Abt 2½ Months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 5

{*Undertaker,* J B Cook / *Place of Business,* 707 West Baltimore St}

W R McSherry M. D.
Medical Attendant.

Address 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

0125

OFFICE OF REGISTRAR OF VITAL STATIS

who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* taker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~~

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~ *Months,* One *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown — Found in Alley. Between Read & Clyde St.

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} ~~~

Cause of Death, First (Primary,) Unknown —

Second (Immediate,) ~~~

Duration of Last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, June 5th 1876

Undertaker, Chas Strasser

Place of Business, Exall & Chesters

D. Calvert Ireland M. D.
Medical Attendant.
Coroner E. Dist.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y F I L

...ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...o to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10126

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

Date of Death, June 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Hogan.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 5 *Months,* 28 *Days.*

Color, White *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 27 Holland St.

Cause of Death, { First (Primary,) Capillary Bronchitis.
{ Second (Immediate,)

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 6-to 1876

Undertaker, Henry K. Wears

Place of Business, 45 N. Gay st

Jn. G. Powell M. D.
Medical Attendant.

Address 720 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A K S A F

OFFICE OF REGISTRAR OF VITAL ST...

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...d so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10127

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE MD.

Date of Death, June 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Aymold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 174 West St.

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) ...

Duration of Last Sickness, 1 wk.

All the above information should be furnished by the Physician.

J. Adam Smith M. D.
Medical Attendant.

Place of Burial, St Ephriams

Date of Burial, June 6 1876

Undertaker, C. F. Krause

Place of Business, 20 g Hanover

Address 158 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

10128

~~10128~~

CERTIFICATE OF DEATH.

Date of Death, June 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Russell Sanderson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 1 Whatcoat St. near Townsend St.

Cause of Death, {First (Primary.) mal nutrition / Second (Immediate,) marasmus}

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6 1876

Undertaker, H. H. Bishop

Place of Business, —

James A Steuart M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Levi Robinson — Uncle —

OFFICE OF REGISTRAR OF VITAL STA

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...ho attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled ...ker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

10129

CERTIFICATE OF DEATH.

Date of Death, June 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ann Close

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 48 *Years,* 3 *Months,* 18 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 161 St Paul St.

Cause of Death, First (Primary,) Subject to depression or melancholy

Second (Immediate,) Morphia (12 grains supposed)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Green-Mount Cem'try Richard McSherry M. D.

Date of Burial, June 6th 1876 Medical Attendant.

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St. *Address* 189 N Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1311.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Maesh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 9 *Days.*

Color, ____ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 269 Walsh St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Acute Dysentery

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 6th 1876

Undertaker, J H Chalmers

Place of Business, 262 Ray Ave

Chas Fawcett M. D.
Medical Attendant.

Address 93 Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to ~~other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner if required~~ so to do, under penalty of law,

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Orre (Oraere)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 66 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 154 Harford Ave.

Cause of Death, First (Primary.) ——— Second (Immediate.) General debility

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Eastern Cemetery

Date of Burial, June 5th

Undertaker, H. C. Wendefeld

Place of Business, 1152 N. Gilmor St

Jno. Buckler Boyle *M. D.*
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... or other person superintending the burial, within *twenty-four hours* after the ... deceased, or ... so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ella Dunkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ... *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} Jefferson N. Court No 16

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Tubercular Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5

Wm. E. Kunkel M. D.
Medical Attendant.

Undertaker, William A Dugan

Place of Business, 104 East St

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ...ed out, to ...her person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...roner, if ...quested ...do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Reynolds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 York st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Albuminuria

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, June 6th 1876

Undertaker, Thomas & Sons

Place of Business, 263 Light St

H. H. Helsley M. D.
Medical Attendant.

Address 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...ysician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ...urs after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...me can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...te of death, except in cases of births and deaths of illegitimate children.

[OVER.]

34.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...o attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...er or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ed so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles W Jensons

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, *Sex,* male

Married, ~~*Single,*~~ ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Horse Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Denmark

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 5 Burke St.

Cause of Death, First (Primary,) Bright's disease of Kidneys

Second (Immediate,) Uremia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bolli Cemetery

Date of Burial, June 6/76

Undertaker, Knighton & Q

Place of Business, 68 S. Broadway

R Hellerawitz M. D.
Medical Attendant.

Address 87 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...135.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...no attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...er or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 ~~Months~~, Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Spasms

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial, Catholic Cemetery

Date of Burial, June 6 1876

Undertaker, Saml Bowser

Place of Business, 156 Division St

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ho attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...er or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. McCracken

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* Fem.

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co'y

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Hamburg St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 6th 1876

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, J. Armstrong & Denny

Place of Business, 263 Light St. *Address* 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

0137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* taker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Harvey Simpson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* Four *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 51 South Green St

Cause of Death, First (Primary,)

Second (Immediate,) Asphyxia

Duration of Last Sickness, Dr not Rec'd

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 6

Undertaker, C H Blizzard

Place of Business, 201 Pen Ave

J W Correll M. D.
Medical Attendant.

Address 28 South Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

138.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...no attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ...nder penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

Date of Death, June 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Koch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~ ~ ~ ~ ~ *Years,* Four *Months,* ~ 13 ~ ~ *Days.*

~~Color~~, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 256 E. Pond St

Cause of Death, {First (Primary,) (Cholera Infantum)

{Second (Immediate,)

Duration of Last Sickness, ~ Seven days ~

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 6th 1876

{*Undertaker,* Henry Koch

{*Place of Business,* 252 Aisquith

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...her person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ...der penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

Date of Death, June 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Justina Dunder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 326 Asquith St

Cause of Death, {First (Primary,) / Second (Immediate,)} Intestinal Inflammation

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 6 1876

{*Undertaker,* [illegible]
{*Place of Business,* [illegible] *Address* 166 E Eager St

Jno. Burke Boyle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* taker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Loeb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hebrew Hospital. Monument & Caroline Sts

Cause of Death, First (Primary,) Artificial Nourishment

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, June 6

H. E. Stein M. D.
Medical Attendant
Hebrew Hospital

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ho attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ...der penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number.} 176 Cordova

Cause of Death, {First (Primary,) Gastro-Duodenal Ulcer

{Second (Immediate,) Jaundice

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fels Point Cemetery Abram B Arnold M. D.

Date of Burial, June 8 Medical Attendant.

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

742,

...ho attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ed so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eduard Rogge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} corn. Mount av Townsend Sts.

Cause of Death, {First (Primary,) heart-disease. (communication between both atriums.)
{Second (Immediate,) Gastro - enteritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 6/76

H. Salzer M. D.
* Medical Attendant.

{Undertaker, J Godfrey Ihm *Address* 165 W Lombard Street
{Place of Business, 41 Hanover Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

0143.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ho attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...er or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Hoover

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* 5 *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France, lived here last 50 years

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 540 W. Fayette, St.

Cause of Death, First (Primary,) Dilatation of heart.

Second (Immediate,) Cyanosis, dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemty W. A. B. Sellman M. D.

Medical Attendant.

Date of Burial, June 6th

Undertaker, Hughes & co

Place of Business, 530 fayett *Address* Laurale and Canollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
aker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Cornish

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick C. Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 116 Aisquith St "

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Heart disease

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1876

Undertaker, William J. Gray

Place of Business, 65 Saratoga St

E. Wayland Thorard M. D.
Medical Attendant.

Address 84 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REGISTRAR OF VITAL ...

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

10145

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes L. Alwood

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Pine street

Cause of Death, {First (Primary,) Second (Immediate,) Diphtheria

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery Frank Gunnore M. D.

Date of Burial, June 6th 1876 Medical Attendant.

Undertaker, Wm Somerville Gray *Address* 67. N Paca st

Place of Business, 65 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ... person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ... penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

10146

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Rost

Sex, Male ~~or Female~~, {Draw out the word not required in this line.}

Age, —— *Years,* 8 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Draw out the word not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore since birth.

Duration of Residence in the City of Baltimore, 284 S. Dallas St.

Place of Death, {Give street and number.} ——

Cause of Death, {First (Primary,) Cholera Infantum; Second (Immediate,) Convulsions}

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, S. Paulus Cemetery

Date of Burial, June 7th

{Undertaker, Leonhard Faure

{Place of Business, S. Bondstreet & 22nd

A. F. Erich *M. D.*
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...no attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...d so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

10147

CERTIFICATE OF DEATH.

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Ulrich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 3 *Months,* ... *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, about 35 year

Place of Death, {Give street and number.} No 248 N. Caroline Street

Cause of Death, First (Primary,) ...

Second (Immediate,) Old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, June 7-76

Undertaker, John I Rodenmayer

Place of Business, N E Cor Fremont ave & Monument st

C. J. Kreuber M. D.
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...o attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
...er or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
...d so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

10148

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Bertha Belzenbergen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ____ *Years,* five *Months,* Two *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Infant

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } 431 Penna. Ave.

Cause of Death, First (Primary,) Cerebral Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 7 1876

~~Undertaker~~, J. H. Belzenbergen

Place of Business, 441 Penna Ave

W. H. Christian M. D.
Medical Attendant.

Address 431 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...49

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ... person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ...alty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Frances Thomas Reading

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Birth Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 19 W. Jones Court

Cause of Death, {First (Primary.) Subacutes Meningitis / Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Lowes Cemetery

Date of Burial, June 6th 1876

Undertaker, John W. Cooks

Place of Business, 47 S. Wolf st

James E. Emmille M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S...

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10150

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Pitt (Parents Unk.)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 121 N. Carolina St.

Duration of Residence in the City of Baltimore, 2 days.

Place of Death, {Give street and number.} 171 N. Carolina St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Tuberculosis of Brain

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery.

Date of Burial, June 4th 1876

Undertaker, Gotham H. Locke

Place of Business, 52 S. Wolf St.

E. C. Summers M. D.
Medical Attendant.

Address 134 N. Highland Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

1851.

ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* other person superintending the burial, within *twenty-four hours* after the death of said deceased, or o do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

10151

CERTIFICATE OF DEATH.

Date of Death, June 5: 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Meagher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Mechen & Division Sts.

Cause of Death, First (Primary,) Typhoid fever - Tubercular Peritonitis.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 6th 1876

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw St

Mabury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

152

ended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required ality of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE DEPARTMENT JUN 6 1876 BALTIMORE.

10152

CERTIFICATE OF DEATH.

Date of Death, June 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Wolfenden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 5 *Months,* 6 *Days.* 12

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 171 Boston St. East

Cause of Death, First (Primary,) Vesicular Pneumonia

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 6th 1876

Undertaker, Hughes & Co

Place of Business, 66 S Broadway

C. Edward Hitte M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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153 OFFICE OF REGISTRAR OF VITAL STATIS

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

10153

CERTIFICATE OF DEATH.

Date of Death, June 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hamilton S Richardson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, About 9 years

Place of Death, {Give street and number.} No 689 N Lexington

Cause of Death, { First (Primary,) / Second (Immediate,) Brain congestion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Shore M.D.

Date of Burial, June 7th 76

{ *Undertaker,* Friends / *Place of Business,* ———

Dr H Dissenderfer M. D.
Medical Attendant.

Address No 1 S Hiza St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Left by A D Boggs Jr

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

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ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

10154

CERTIFICATE OF DEATH.

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ross Stoddenot

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Months *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Bond St. Cor of St Joseph Alley

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral.

Date of Burial, June 6th 1876

Undertaker, Wm. H. Eichman

Place of Business, 234 E. Gay St. *Address*

Wm. Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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OFFICE OF REGISTRAR OF VITAL STATI...

155

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... or other person superintending the burial, within *twenty-four hours* after the death of ... d, or ... to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

10155

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casper Pfeifer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 26 Yrs

Place of Death, {Give street and number.} Bartolo St. & Frederick Aven...

Cause of Death, {First (Primary,) / Second (Immediate,)} Bronchopneumonia

Duration of Last Sickness, about three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauden Parke

Date of Burial, June 8th

Undertaker, A P Paulus

Place of Business, 66 Fadrich St *Address* 582 W. Fayette

W. R. McKnut M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
r other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

10156

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine M. Schwartz

Sex, ~~Male~~; *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* One *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 498 Lexington St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, June 7 1876

Undertaker, A Weidemeyer

Place of Business,

James A Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Saunders Midwife

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

57

...ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ... other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested ...o to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

10157

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Bandell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 90 Holland St

Duration of Residence in the City of Baltimore, ~~2 days~~

Place of Death, {Give street and number.} No 90 Holland St

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 28 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co.

Date of Burial, June 7th 1876

Undertaker, Robt Hall

Place of Business, 2[illegible] E Balto St

S. J. Jewett, M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

158

...nded any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...rson superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ce, if interposted ...of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 6 1876 BALTIMORE

10158

CERTIFICATE OF DEATH.

Date of Death, Unknown, found June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Unknown~~ John Darby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Brickmoulder ~~Unknown~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} Basin

Cause of Death, {First (Primary,) / Second (Immediate,)} Drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 6 1876

Undertaker, J. M. Chase

Place of Business, No. 96 Bowar St. *Address* Hanover & Barre sts

R. C. Lee M. D.
Medical Attendant
Coroner S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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159.

OFFICE OF REGISTRAR OF VITAL STA

ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* other person superintending the burial, within *twenty-four hours* after the death of said deceased, or to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

10159

CERTIFICATE OF DEATH.

Date of Death, June 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Walter Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 28 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 26 Maine St.

Cause of Death, First (Primary,) Gastritis & Teething.

Second (Immediate,) Convulsions

Duration of Last Sickness, 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *L. A. Bell.* M. D.

Medical Attendant.

Date of Burial, June 7 1876

Undertaker, S M Chase

Place of Business, No 198 Howard St *Address* 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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1160 OFFICE OF REGISTRAR OF VITAL STA

ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* r other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

10160

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hartje

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Thames St. No. 89

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 89 Thames St.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 3 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery W. Mansfield M. D.
Medical Attendant.

Date of Burial, June 7th

{*Undertaker,* Leonard Kurz *Address* 117 S. Broadway
{*Place of Business,* S. Bond St. No 27

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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OFFICE OF REGISTRAR OF VITAL STATI

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

10161

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Williams

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 20 *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md "

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 109 N Amity St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1876

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, P. Kinnont

Place of Business, 311 N Howard *Address* 432 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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OFFICE OF REGISTRAR OF VITAL ST...

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

10162

CERTIFICATE OF DEATH.

Date of Death, June 6.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, 19 da.

Place of Death, {Give street and number.} 44 Stocton alley

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loyal Comanbury D. Enterline M. D.
Medical Attendant.

Date of Burial, June 7

Undertaker, J. Black

Place of Business, No 707 West Baltimore St *Address* 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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OFFICE OF REGISTRAR OF VITAL ST

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

10163

CERTIFICATE OF DEATH.

Date of Death, June 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles William Gabel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Five *Months,* Eleven *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~? {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} N. E. Corner of Monument & Dunham sts

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Grmel Cemetery

Date of Burial, June 7 1876

Undertaker, Henry Sinner

Place of Business, No. 260-262 Canton Av Address 47 Edmondson Av

J. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATI...

10164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

10164

CERTIFICATE OF DEATH.

Date of Death, 5th of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilde Heim

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 6 *Months,* 8 *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 330 Eastern Ave

Cause of Death, {First (Primary,) Colon a Infantum

{Second (Immediate,) Eclampsia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, St Paul Cemtry

Date of Burial, June 7th 1876

{*Undertaker,* H. Frechlich

{*Place of Business,* 246 Eastern Ave

Address 246 E. Balt

F. Hebden M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Louis Wm. Diering

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* Four (4) *Months,* Thirteen (13) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. Cor. Canton av. and Wolf

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, About Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 7th 1876

Undertaker, H. Froelich

Place of Business, 242 Eastern Ave

L. L. Wilkes M. D.
Medical Attendant.

Address 6 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10166

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* 11 *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 27 Abeys Alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 8th 1876

J. E. Harrington M. D.
Medical Attendant.

Undertaker, Charles F. Herold *Address* 321 Light St.

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STA

...e Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Meister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Piano maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oestingen Germany.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fremont St. 465.

Cause of Death, {First (Primary,) 3 Enlargement of the Heart.
Second (Immediate,)

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7 / 1876

C. H. Fisk M. D.
Medical Attendant.

{*Undertaker,* Jos. B. Cook
{*Place of Business,* 707 W. Baltimore *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STA...

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5 - 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm E. Elliot

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 11 *Months,* 20 - *Days.*

Color, Aquicun *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md -

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } Carlton St - 2nd N of Franklin

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1876

Undertaker, Wm H. Lemmon

Place of Business, 16 N. East St.

John F. Finney - M. D.
Medical Attendant.

Address Edmondson Ave, Near Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

10169

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Greenwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 15 Stockton St

Cause of Death, First (Primary,) Mal-nutrition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1876

Undertaker, W. A. Dance

Place of Business, No 104 East St.

John Hood M. D.
Medical Attendant.

Address 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Benson dau Wilson & Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prestman No 2 Near Carey St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 7th 1876

Undertaker, M. H. C. Perry

Place of Business. Pratt Street

James A Steuart M.D.

Address Commissr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Susan Armstrong Midwife

[OVER.]

...physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Anna Crowder

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 19 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 59 Montgomery St

Cause of Death, {First (Primary,) Spinal Crock} {Second (Immediate,) Thrush}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, N. Sharp Street

Date of Burial, June 8th 1876

Undertaker, Wm. A. Tickner

Place of Business, 65 S. Eutaw St

James F. Cleary M.D.
Attending Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...REGISTRAR OF VITAL STA...

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Mason

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5-5- *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Sea Captain

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 5-5- years

Place of Death, {Give street and number.} Washington St near Chas & Pleasant Sts

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Caroline St Methodist cemetery

Date of Burial, June 8th at 10 oclk AM

Wm. L. Russell M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Ensor Street

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Robinson Calvert.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, White *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 127 S. Ann St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th 1876

Undertaker, H. A. Paige

Place of Business, 401 B'way

Nicholas L. Bosbiell M. D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6, 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Jos. D. Alves

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* 1 *Days.*

Color, wht. *Sex,* male

~~*Married, Single, Widowed,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Phila. Penn.

Duration of Residence in the City of Baltimore, 9 days

Place of Death, { Give street and number. } 26 W. Fayette St.

Cause of Death, { First (Primary,) Compound depressed fracture of sk
Second (Immediate,)

Duration of Last Sickness, 5 3/4 hours

All the above information should be furnished by the Physician.

Place of Burial, Philad.a Penn.a J. Clay Maddux

Date of Burial, June 8th 1876 Alexander Hill M.
Medical Attendant

{ *Undertaker,* John N. Weaver
{ *Place of Business,* #22 W. Fayette St. *Address* No. 23 N. Calver

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(transit 4/13)

...ases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10175.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6th Years, 1 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Minister of the Gospel

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Wales Europe

Duration of Residence in the City of Baltimore, About one yr

Place of Death, {Give street and number.} 145 Scott st

Cause of Death, First (Primary,) Lupus

Second (Immediate,) Erysipelas

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dayton Ohio

Date of Burial, 7th June

Undertaker, [redacted]

Place of Business, [redacted] Druid Hill Ave

S. Enterline M. D.
Medical Attendant.

Address 182 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 1164)

[OVER.

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leeson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland — 38 years

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} Schroeder & Hollins Streets

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 8th 1876

Undertaker, Jos. B. Cook

Place of Business, W. Balto St.

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

Information by Undertaker

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

0177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ross,

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 4 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number.} 94 Orchester St

Cause of Death, First (Primary,) Injury of head

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, ~~Forest Cemetery~~ Cathedral Cemetery

Date of Burial, June 7th 1876

Undertaker, Wm Jones Son

Place of Business, 65 Mosley St

J. Gilmour M. D.
Medical Attendant.

Address 192 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Sullivan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 Years, Months, Days.

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Md

Duration of Residence in the City of Baltimore, Five years (about)

Place of Death, {Give street and number.} Chesapeake alley near Pine st

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Weeks (about)

All the above information should be furnished by the Physician.

Place of Burial, Forest cemetery Lindley Ellicott M. D.

Date of Burial, June 7th 1876 Medical Attendant.

Undertaker, Wm P Fry

Place of Business, 65 Mulberry St *Address* Howard & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver T Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Wht *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number.} 164 Eastern ave

Cause of Death, First (Primary,) Gastro intestinal inflammation.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, June 8. 76

Undertaker, John J Rodenmayer *Address* 256 (illegible) St

Place of Business, N E Cor Summit Ave & Monument St

T. A. Milner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 465

Permit No. 10180

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B. Boyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* ~~8~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} ~~Old Cathedral~~ 48 Valley St

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis

Duration of Last Sickness, 1 years

All the above information should be furnished by the Physician.

Place of Burial, Old cathedral cemetery

Date of Burial, June 7 1876

Undertaker, James S. Byrne

Place of Business, No 03 W Fayette

Jno. Burke Boyle M. D.
Medical Attendant.

Address 116 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Row

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 67 S. Broadway

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, June 8th.

Undertaker, C. P. Ecker

Place of Business, 101 Gough St.

G. L. Wilkins M. D.
Medical Attendant.

Address 67 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph J White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* 17 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Balt St 907

Cause of Death, First (Primary,) ____ Second (Immediate,) Spasmus dentium

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty J K P Thorpe M. D.

Date of Burial, June 8th 1876 Medical Attendant.

Undertaker, John S Bacher

Place of Business, No 150 Canden *Address* N W Lee & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

0183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Spafore

Sex, Male or Female, {Cross out the word not requred in this line.} Male

Age, ——— *Years,* 8 *Months,* — — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 192 Bank St: Baltimore

Duration of Residence in the City of Baltimore, from birth.

Place of Death, {Give street and number.} 192 Bank Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, June 9th

Undertaker, Michael Frantz

Place of Business, No 35 Bank St. *Address*

Ernst Hanel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Bucin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 241 Battery Avenue

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y Woodland Beach M. D.

Date of Burial, June 8th 1876 Medical Attendant.

Undertaker, Julius Koehler Address 146 Hanover St

Place of Business, Cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

Date of Death, June 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whalan

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number.} Mc Henry St. 140,

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate.)}

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 9th 76

{*Undertaker,* Mr. Weidemeyer / *Place of Business,* W. Baltimore St.} *Address*

Chas A Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kreuzer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr 4 Mos

Place of Death, {Give street and number.} 320 North Central ave

Cause of Death, First (Primary,) cholera Infantum

Second (Immediate,) Inanition

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary Thomas Cem

Date of Burial, June 9 x 1876

E. Geo. Walls M. D.
Medical Attendant.

Undertaker, Henry Stoeck

Place of Business, 320 Central Aven

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10 187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Clemens Johnson~~ June 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clemens Johnson

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia 6 yrs in U. S.

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 9 1876

Undertaker, Henry Keech

Place of Business, 20 Central Ave Address

Oscar J. Cosmy M. D.

Medical Attendant.

St. Josephs Hospital

Cor. Caroline & Eutaw

Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 11188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F Schwalmeyer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 188 Bank St

Cause of Death, {First (Primary,) — Second (Immediate,) Chronic Diarrhea

Duration of Last Sickness, not known

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 8 —

Undertaker, J. B. Blackistonson

Place of Business, 606 Balt

A H Conney M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Form No. 10189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sykes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Iron Worker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 42 Hamilton

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bala Cemetery

Date of Burial, June 9th 1896

{*Undertaker,* Timothy Dern
Place of Business, 269 Light

By Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

0190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lus. Mahan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 yrs.

Place of Death, {Give street and number.} Univ. Hospital

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Asthenia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem T. A Ashby M. D.

Date of Burial, June 8. 76 Medical Attendant.

Undertaker, John I Rodemayer *Address* Univ Hospital

Place of Business, N E Cor Dunmanway

Cor & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10191

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilmer Mahone

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* Seven *Months,* Thirteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ~~Baltimore~~ 418 Caltrom St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Pattenson aven. near Gilmor St.

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, June 9th

{ *Undertaker,* Jno Schilling

Place of Business, 21 Penna Ave

Silas Baconnier M. D.
Medical Attendant.

Address 180 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Bowers

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 S. Durham St

Cause of Death, First (Primary.) Dentition

Second (Immediate,) Chol. Infantum

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 9th 1876

Undertaker, Wendel Dilpit

Place of Business, 157 S. Bond St

James A. Steuart M.D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Bowers father

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10193.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Gallagher

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland (24 years)

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 61 Stork

Cause of Death, First (Primary,) Brights disease of kidneys

Second (Immediate,) Uraemia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, June 9 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

E. Warfield Theobald M. D.
Medical Attendant.

Address 89 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1376 BALTIMORE.

Date of Death, 7th June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Dulany Eader

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} W Fayette 243

Cause of Death, {First (Primary,) Diarrhoea
Second (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 8th June

{*Undertaker,* J. B Blakistone
{*Place of Business,* W Baltimore Street

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5 1876 Grainger

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Grainger

Sex ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 144 Mc Elderry St

Duration of Residence in the City of Baltimore, C

Place of Death, {Give street and number.} 144 Mc Elderry St

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetary

Date of Burial, June 8th 1876

Medical Attendant. [illegible] M. D.

Undertaker, Henry Sander

Place of Business, 202 Park Ave *Address* 139 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

E T Y ▲ F I L M

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10196

HEALTH DEPARTMENT JAN 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life lived here

Place of Death, {Give street and number.} No. 22 Eden near Pratt

Cause of Death, First (Primary,) Spasm

Second (Immediate,) Croup

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, 5th Germ. Reformed St Paul Cemetery

Date of Burial, Jan 8th 1876

M. D.
Medical Attendant.

Undertaker, H Stockbridge

Place of Business, 246 Eastern Av

Address 2 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Permit No. 10197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

Date of Death, 7th June 1876. 3 o'clock morning.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Jacobine Jacobs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Canton Avenue 215.

Cause of Death, {First (Primary,) Erlampsia. Second (Immediate,)

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, 5th Germ Reformed — St Paul Cemetery

Date of Burial, June 8th 1876.

Undertaker, H. Froelich.

Place of Business, 246 Eastern Av — *Address* S. Wolfe st. 117

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 8 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Rebecca White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} McCullough near Lanvale

Cause of Death, {First (Primary,) Dropsy from

{Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 8.

Undertaker, John W. Locks

Place of Business, 57 & Wolf st

M. D.
Medical Attendant.

Address Jas E. Donaldson MD
299 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 ~~Months~~, Weeks, ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Edema Atrophy on admission

Second (Immediate,) Spasms.

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 9. 1876

Undertaker, Saml Brown

Place of Business, 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Monica

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 ~~Months~~, Weeks, ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, June 9. 1876

Undertaker, Samil Bowers

Place of Business, 156 Division

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 110201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus S. Baker.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 11 *Months,* 15 *Days.*

Color, White *Sex,* Male.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 479 W. Baltimore St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 36 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 8th 1876

Undertaker, Chas. A. Porter

Place of Business, No 520 W. Balto St *Address* 72 E. Pratt St.

Jno. T. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10202

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P Goodwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 102 Hillen St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Hillen St

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,) Pneumonitis

Duration of Last Sickness, One (1) Month

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, June 8th

Undertaker, Thomas Shuse

Place of Business, 331 Baltimore St

Address 151 E Madison St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Rebecca Sarah Jane Hurst

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 4 *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} # 29 May St.

Cause of Death, {First (Primary,) Cerebro Spinal - Meningites

{Second (Immediate,) E.

Duration of Last Sickness, 13 or 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8

Undertaker, Wm. M. Dugley

Place of Business, 1.0 4 east St

Geo. R. Hartman M. D.
Medical Attendant.

Address # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10204.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} I Laurence Rightmyer.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Reading Penn.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 58 Holiday Street

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Reading Penna

Date of Burial, June 9th 1876

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St

A. T. Bell M. D.
Medical Attendant.

Address 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 466)

Permit No. 102115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Seventh of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Carr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* Two *Months,* Twenty-three *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 Smith St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Cerebral meningitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 9th 1876

Undertaker, Andrew Leitz

Place of Business, 1180 Russell St

Elias Baeduni M. D.
Medical Attendant.

Address Cor. Townsend and Chatsworth Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10206

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 June 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Bettinger (Sophie)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } E. Madison Street near Spring St

Duration of Residence in the City of Baltimore, Since born.

Place of Death, { Give street and number. } N. Central Avenue No 209.

Cause of Death, { First (Primary,) Diarrhoea

Second (Immediate.) Convulsions (Meningitis)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre.

Date of Burial, June 9. th 1876.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St. *Address* N. Central Avenue No 209

R. Ernst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Auby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 22 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt-

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} 38 h Monument st Balt

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9th/76

J H Pattison *M. D.*
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Risy with & Monument sts *Address* 13 Franklin Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Wills

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 37 Years.

Place of Death, {Give street and number.} 351 Franklin St.

Cause of Death, {First (Primary,) Puerperal Fever

Second (Immediate.)

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet J. W. C. Cuddy. M. D.

Medical Attendant.

Date of Burial, June 11th 1876

Undertaker, Jas. Loane Address 363 Franklin St

Place of Business, 568 W. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10209

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Gueller.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 227 N. Centr. Avenue

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, in my care only two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 10-th

P. Irmel M. D.
Medical Attendant.

Undertaker, Geo. Schilling *Address* N. 207 N. Centrl Avenue

Place of Business, Carriage & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dougherty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {~~Cross out the words~~ is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Sharp St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, June 9th 1876

Undertaker, James O'Byrne

Place of Business, No 63 W Fayette St

Geo. B. Reynolds M. D.
Medical Attendant.

Address 34 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane S. Needles

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* ~~74~~ *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 212 E Balto St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, June 9th 1876

Undertaker, Robt Hall

Place of Business, 232 E Balto St

David H Powell M. D.
Medical Attendant.

Address No 29 Augusta St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10212

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary L Patterson.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* Ten *Months,* ____ *Days.*

Color, Black *Sex,* — — —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Brewers Alley No. 12.

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Campfield Chapple

Date of Burial, June 9 1876

Undertaker, John C Jarden

Place of Business, 63 Park Ave

E. M. Pont M. D.
Medical Attendant.

Address 245 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James May

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or,*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,)

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, June 9th 1876

Undertaker, Chas. S. Scriven

Place of Business, 271 W. Eutaw St

Chas Fawcett M. D.
Medical Attendant.

Address 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 11214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mad Small

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 10 *Months,* 10 *Days.*

Color, *Sex,* Wite

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 828 Balt st City

Duration of Residence in the City of Baltimore, 10 Month 10 day

Place of Death, { Give street and number. } 628 Balt st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C. Saml Entwisle M. D.

Date of Burial, 9 June Medical Attendant.

Undertaker, J. B. Blackiston & Son *Address* 562 W Lombard st

Place of Business, 606 Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Monroe Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— 16 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 218 Conway St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet C.

Date of Burial, June 9

G. Zepp M. D.
Medical Attendant.

Undertaker, J. R. Blackistone's son

Place of Business, 606 Balt st *Address* 210 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fuller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} McCulloch St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Consumption of liver

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J T Knight M. D.

Date of Burial, June 10th 1876 Medical Attendant.

Undertaker, R Kemp & Son

Place of Business, 92 N Howard *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10217.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wolfort

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 6 *Years,* ——— *Months,* ——— *Days.*

Color, Blk *Sex,* Male

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation, Brick maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 208 Hanburg St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ———

Duration of Last Sickness, 2 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9 1876

Lewis McCashman M. D.
Medical Attendant.

Undertaker, W W Ebaugh

Place of Business, 194 W Howard St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Tolson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Clark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 231 Eastaw Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Hydrocephalus

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Wm Pt Cemetery

Date of Burial, June 9 1876.

{*Undertaker,* / *Place of Business* 174 E Monument St}

R. M. Hall M. D.
Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George ~~Robt~~ Pulley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, four months ~~Years.~~ *Months,* eleven *Days.*

Color, Mulatto *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, four mos.

Place of Death, {Give street and number.} 143 King Street

Cause of Death, First (Primary,) Diarrhœa

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 9, 76

Undertaker, Samuel McComas

Place of Business, 69 W Howard st

T B Williams, ~~M. D.~~

Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10220

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Chas: McGuire

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 111 Hollins St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 9

Undertaker, J B Cook

Place of Business, 707 West Baltimore

Geo H. Foster M. D.
Medical Attendant.

Address # 1 Hanover Terrace Franklin Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

Permit No. 10221 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. H. Depkirk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 295 North Amn St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Loudin Park Cem

Date of Burial, June 10 - 76

Jno. Burke Boyle M. D.
Medical Attendant.

Undertaker, John T Rodemeyer

Place of Business N E Cor Fremont & Monument St *Address* 186 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Cook Bandel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} no 361 N. Gay St

Cause of Death, First (Primary,) Laryngitis Chronic

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 11th 1876

Undertaker, Thos S Hughes *Address*

Place of Business, 411 E Balto

W. J. Knabe M. D.
H Evans
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876 ~~Richd. aug. Smith~~

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richd. aug. Smith

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Singl

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. & Ohio

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 157 Eough

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 10th 1876

R. W. Mansfield M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co

{*Place of Business,* 65 S Broadway *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10224.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hamilton Happoldt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty-five *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 32 y Bolton St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, June 10th

Undertaker, Jas. P. Byrne

Place of Business, 63 North Front St

D. G. Reese M. D.
Medical Attendant.

Address 97 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~properly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Segerman

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } N 138 N. Calhoun St

Cause of Death, { First (Primary,) — Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 10th 1826

J. J. Kratz M. D.
Medical Attendant.

Undertaker, H. B. Jenkins & Son *Address* N 114 Park Ave

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harold Varian

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Burgundy Alley.

Cause of Death, First (Primary,)

Second (Immediate,) Hemorrhage from the Bowels.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 9th 1876

Undertaker, John S Mosher

Place of Business, No 150 Caroline

Frank Zeamer M. D.
Medical Attendant.

Address 57. St Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10227.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Thomas Benzel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 17 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pocohontas Ark Kansas

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 125 N. Schroder St

Cause of Death, First (Primary,) Hip joint disease

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetary

Date of Burial, June 10th 1876

Undertaker, Hughes & Co

Place of Business, 500 Fayette

Chas. E Sadtler M. D.
Medical Attendant.

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

Date of Death, June 9th A. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 29 S. Exeter St

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, June 10 1876

Undertaker, Chas. E. Spelling

Place of Business, 136 E. Fayette St

C. Glanville Rusk M. D.
Medical Attendant.

Address Balt & Wash Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Form No. 10229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or *before* or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Sumner Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 90 N Dallas ave

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mary Evergreen Cemetery

Date of Burial, June 9th 1876

{*Undertaker,* W. C. Dunger

Place of Business, 1004 East St.

Wm. L. Sumwalt M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Joseph Brawner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Nine *Months,* fifteen *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 123 Eutaw St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, June 9th 1876

Undertaker, W. H. Dunce

Place of Business, 1010 East St

C. E. Stein *M. D.*
Medical Attendant.

Address 195 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Permit No. 10231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Francis Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Live only in Baltimore

Place of Death, {Give street and number.} N. 150 N. Spring St.

Cause of Death, First (Primary,) Insufficientia valval. mitral.

Second (Immediate,) Hydrops.

Duration of Last Sickness, 6 weeks in my care four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1876

Undertaker, Mr. C. Dennee

Place of Business, 1016 East 25

R. Turner M. D.
Medical Attendant.

Address N 207 N. Central Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

No. 11232.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah & Annie Gray Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 49 N. Dallas Street

Cause of Death, {First (Primary,) Premature Birth} {Second (Immediate,) Asthenia}

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1876

Undertaker, W. N. Dungee

Place of Business, East St.

James H. Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Casper Midwife

[OVER.]

KODAK

Permit No. 11233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Reiter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belair Road Ave

Duration of Residence in the City of Baltimore, 8 Days

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Cholera Infant.

Second (Immediate,) Convuls.

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery H. Lichtenauer, *M. D.*

Date of Burial, June 10 th. Medical Attendant.

Undertaker, H. Dufft

Place of Business, 5. Bond St. 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the **duty** of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to **furnish** within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

[illegible] City of Baltimore,

Permit No. 10234

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Guy Lee Dunlop

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— 1 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 408 N. Lombard St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 McHenry

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 10th

{*Undertaker,* Geo. Schilling
{*Place of Business,* Cor Fisquith & Monument sts

Geo. N. Dunn M.D.
Medical Attendant.

Address 144 Hanover St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Baltimore,

Permit No. 10235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilia Wilhelmina Vogel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Nineteen *Years,* eight *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 39 Courtland-Str, Balto. Md

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart-disease.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 10th. of June

Medical Attendant. Dr. Salzer M. D.

{*Undertaker,* Henry Meyer / *Place of Business,* 106 N. Howard} *Address* Dr. Klinger 39 Courtland Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Ed. Sennesey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 62 Market Space

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemty A Gregorhezer M. D.

Date of Burial, June 9th 1876 Medical Attendant.

Undertaker, H. Frocklich *Address* 11 S. High St

Place of Business, 246 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health, City of Baltimore,

Permit No. 10237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

Date of Death, June 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Garrid Brown Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* 4 *Days.* 5

Color, col *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Rinn Anderadel County Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 160 N Vfings St

Cause of Death, First (Primary,) Inflammation Bowels

Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9 " " 1876

Undertaker, John M. Cook

Place of Business, 59 S. Holliday

P Blount M. D.
Medical Attendant.

Address No 23 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10238,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Rotan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 Arlington Ave.

Cause of Death, {First (Primary,) ——— Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, June 9

Undertaker, C. W. Hazard

Place of Business, 201 Pen ave

J. Z. Ellis M. D.
Medical Attendant.

Address 210 Franklin St

Fill this in.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sennelein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* 25 *Days.*

Color, white *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 20 N. Chappell st.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ____

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus

Date of Burial, June 10 1876

Undertaker, John Braun

Place of Business, Wolf St

P. E. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claysius Miles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 22 E. Lombard N. W. Cor. Albemarle st.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ____

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 10th 76

Undertaker, Wm Frey

Place of Business, Broadway & Fayette St.

P. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

Permit No. 10241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parent.} Philip Gracdel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 S. Spring St

Cause of Death, {First (Primary.) Intestinal Catarrh
Second (Immediate,) & prematur Birth
Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, June 11th 1876

Abram M Arnold M. D.
Medical Attendant.

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabela Hunter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 11 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, One year & 11 months

Place of Death, {Give street and number.} 230 E. Trading st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 10 1876

Wm. L. Russell *M. D.*
Medical Attendant.

Undertaker, Wm Frey

Place of Business, 54 N Broadway

Address N Broadway Philadelphia Pa

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George L. Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Parrish St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, H Pleas Cemetery

Date of Burial, June 10th 1876

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10244

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma C Harner

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, Years, 3 Months, 15 Days.

Color, White *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 55 Sharp St Balt

Cause of Death, {First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 10th 1876

Undertaker, Jas A Coane

Place of Business, 568 W. Balto St

Wm G Knowles M. D.
Medical Attendant.

Address 55 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

City of Baltimore,

Permit No. 111245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Charles Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* four *Months,* twelve *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 533 Lexington St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetry

Date of Burial, June 10th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St

D G Rees M. D.
Medical Attendant.

Address 97 Arch Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Emma Berk

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 20 ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 243, Argyle Ave.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Hydrocephalus acutus

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetry

Date of Burial, June 10th 1876

Undertaker, Adam Heidemeyer

Place of Business, 518½ W. Baltimore St.

Morris Wiener M. D.
Medical Attendant.

Address 249, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} US

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 77 Harmony Lane - ho —

Cause of Death, First (Primary,) Spasms from an

Second (Immediate.) unknown Cause - lungs

Duration of Last Sickness, Tuberculous - The mother is a Consumptive

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Ch. Cemetery

Date of Burial, the 11th of June

Undertaker, L. Kimmich. *Address* 192 Pearl St

Place of Business, 317 Mulberry St

W W Hutchins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Mina Wise

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Wolf Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th 1876

Undertaker, Henry W Mears

Place of Business, 45 N Gay St

C J Kluber M. D.
Medical Attendant.

Address 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick Kelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, White *Sex,* ~~Boy~~ Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 154 Ramsay St.

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 154 Ramsay St.

Cause of Death, { First (Primary,) Born when full term

Second (Immediate,) Putrid Sore throat Scalds. (Cyanosis)

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, W. Laurel Cem J. G. Nicholson M. D.

Date of Burial, June 10th Medical Attendant.

{ *Undertaker,* J. B. Blackistone & Son

{ *Place of Business,* 606 W. Balt. St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

Permit No. 10250

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. M. Lewis Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* + *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Whole Time

Place of Death, {Give street and number.} 115 N. Exeter St

Cause of Death, First (Primary,) ____

Second (Immediate,) Dentition

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Meth. Prot. Cem, J. E. R. Rodgers *M. D.*

Medical Attendant.

Date of Burial, June 10th

Undertaker, J. B. Blackistone & Son

Place of Business, 606 W. Balt. St *Address* 115 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Hohman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* three (3) *Months,* eleven (11) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} Monument St & Bradley alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, three (3) days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, Henry Hoeck

Place of Business, [illegible]

[illegible] Montgomery M. D.
Medical Attendant.

Address 76 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 10 1874 BALTIMORE

Permit No. 11252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 15 Duncan Alley

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bato Cemetery

Date of Burial, June 10th 1874

{*Undertaker,* Heughes & Leo

Place of Business, 665 Broadway

M. Gatto *M. D.*
Medical Attendant.

Address 247 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...Baltimore,

Permit No. 11253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 10 Oclock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis A. Swinnetell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 5 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 75 Grant St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Morbus

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bolle Air

Date of Burial, June 11th 2 P.M.

Undertaker, Ashe & Hall

Place of Business, 233 E Balto St

A Jacobs Shortzer M. D.
Medical Attendant.

Address 11 S. High St
& 131 Cinnamon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health, City of Baltimore,

Permit No. 10254

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas M. Bussard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 10 Months, 24 Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 10 mos 24 days

Place of Death, {Give street and number.} 57 S. Schroeder St.

Cause of Death, First (Primary,) ——— Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Fandon Park

Date of Burial, June 10th 1876

H. L. Slicer *M. D.*
Medical Attendant.

Undertaker, Wm. F. Wm. Leonard

Place of Business, 712 W. Baltimore *Address* 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick George Pick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* Two *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Eager & McDonough Sts

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 10th 4. P.M.

Undertaker, Geo Kessler

Place of Business, Eager & McDonough St.

Milton N. Taylor. M. D.
Medical Attendant.

Address 100 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William & Kate Blake Parents

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 Orleans St

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,) asthenia}

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10 1876

Undertaker, W. N. Brunger

Place of Business, East 25

Address Commissioners of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Sarah Johnson Midwife

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William F. Carle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* *Days.*

Color, White *Sex,* male

~~Married,~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 mos -

Place of Death, {Give street and number.} 763. W. Pratt St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, about 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, the 10th of June

Undertaker, P. Kennard.

Place of Business, 311 Mulberry St.

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ann Elizabeth Shaw

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 20 Days.

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 Pearl St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Saint Lemetery

Date of Burial, June 10 1876

{*Undertaker,* J. H. Gorter

{*Place of Business,* 63 South Ave

W W Antrim M. D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

Permit No. 10289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Rosella Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 16 ~~Penalty~~ Le Mercer Alley

Cause of Death, First (Primary,) .....

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10. 1876

Geo. E. Ogle Coroner M. D.
Medical Attendant.

Undertaker, John C. Jordan

Place of Business, 63 Park Ave *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

Permit No 10260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, Dark brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} No 2 Liberty Road

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10. 1876

Undertaker, John C Soder

Place of Business, 63 Park Ave

B F Bohner M. D.

Medical Attendant.

Address Cor Dolphin & Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon James Phillips Eric

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 months *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Father Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 479 Chase St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 479 Chase St

Cause of Death, First (Primary,) Diarrhea (Diarrhoea)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, June 11 - 76

Undertaker, John I Rodmayer

Place of Business, N E Cor Lemmon & Monument Sts

Brindle Jones M. D. Medical Attendant.

Address 164 N. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Gordon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 44 East Chase St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Cardiac Dropsy

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Silas W. Hunter M. D.

Date of Burial, June 11th 1876 Medical Attendant.

Undertaker, George Rodenmayer *Address* 111 Greenmount Ave

Place of Business, Erson 38th St Near Forest.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Eliza Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* Seven *Months,* One *Days.*

Color, Colored *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 55 Stockton Alley Baltimore

Duration of Residence in the City of Baltimore, Seven Months One day

Place of Death, {Give street and number.} No 40 Rockland alley Balto

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager Park

Date of Burial, June 10

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

D. C. Skinner M. D.

Medical Attendant.

Address 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter H Trumbauer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ Three Months, Twenty two Days.

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N° 502 Franklin St,

Cause of Death, { First (Primary,) Retaining Congestion of Brain
Second (Immediate,) About two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 10th 1876

{ *Undertaker,* J. Boot
Place of Business, 309 N Balto St

J. L. Kirkbride M. D.
Medical Attendant.

Address 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Fisher

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 187 North Dallas St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemty

Date of Burial, June 11th 1876

Undertaker, Geo Schilling

Place of Business, Monument Acsquith Address 100 North Broadway

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisha W. Chaffinch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* 8 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline County Md

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 312 Mt Dennup st

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery C. J. Kluber M. D.

Date of Burial, June 11th Medical Attendant.

Undertaker, Geo Schilling *Address* 222 B. Broadway

Place of Business, cor Fitzpatrick & Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y F I L

Health, City of Baltimore,

Permit No. 10267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Gaunner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Basin, foot of Barre st,

Cause of Death, {First (Primary,) Accidentally

Second (Immediate,) Drowned

Duration of Last Sickness, 20 Minutes

All the above information should be furnished by the Physician

Place of Burial, W. P. Field

Date of Burial, June 9th

Undertaker, M. McCarty

Place of Business, 448 W Pratt st

R. C. Leon M. D.
Medical Examiner

Address Hanover & Barre sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11268.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddy Klare

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* 14 *Days.*

Color, ~~Male~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 113 S. Paca St.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Green-Mount Cem'try

Date of Burial, June 11th " 1876

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St. "

R. C. Lee M. D.
Medical Attendant.

N. W. Cor.

Address Hanover & Balto Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Postein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 903. Pratt St

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} " " "

Cause of Death, First (Primary,) not seen by a physician until after death

Second (Immediate,) Supposed from history of case to have died of Trismus Nascentium

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 10 June 1876

Geo. F. Bard M. D.
Medical Attendant.

Undertaker, J. P. Paulus

Place of Business, 66 Frederick Ave. *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...County, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Emelia Wendbaugh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life. 43 years.

Place of Death, {Give street and number.} No 7 Lanvale St.

Cause of Death, First (Primary,) Senile Decay & Disease of Brain

Second (Immediate,) Partial Paralysis

Duration of Last Sickness, about 3 Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 11th 1876

Wm H. Lukes. M. D.
Medical Attendant.

Undertaker, Thos Tidball Jr

Place of Business, 41 Hanover St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~X~~ Jane Hopkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wicomico County

Duration of Residence in the City of Baltimore, About Ten years

Place of Death, {Give street and number.} 544 Aisquith St.

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Diarrhoea

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Wicomico Co. Md

Date of Burial, June 11th 1876.

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Wm. H. Richman

Place of Business, 234 E. Bay St. *Address* 103 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit of 67)

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Edward Mc, Carty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Three~~ *Years,* Three *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 128 Green Mount Avenue

Cause of Death, First (Primary,) Summer sickness

Second (Immediate,) General prostration

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem- Melton A. Taylor M. D.

Date of Burial, June 11 - 76 Medical Attendant.

Undertaker, Jos I Rodenmyer *Address* 100 N Broadway

Place of Business, N E Cor Greenmount Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting down, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose ~~A. C.~~ Kennedy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 1. *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 52 Hillman St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, June 11-76

Undertaker, John F Radcliffe

Place of Business, N E Cor Fremont Lane & Monument St

E. C. Jordan M. D.
Medical Attendant.

Address 184 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Schnebel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, Herzog von Altenburg.

Duration of Residence in the City of Baltimore, Residing in this Country 26 years. For the last 26 years.

Place of Death, {Give street and number.} # 9 Hill St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Morbus

Duration of Last Sickness, From June 7 evening to June 8 evening.

All the above information should be furnished by the Physician.

Place of Burial, Family Cemetery

Date of Burial, 11 June

Undertaker, A. C. Polsten

Place of Business, 26 Thames St.

John H. Rehberger M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Court

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 353 S. Bond St.

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.) Convulsions

Duration of Last Sickness, Do not Know. Saw the child just previous to death

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsus Cemetery

Date of Burial, 10 June

Undertaker, H. Bolton

Place of Business, 36 Thames St

James F. McShane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ginger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 — *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Thames St

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, June 11 1876

Undertaker, F. Bohem

Place of Business, 36 Thames St

James A Clemens M. D.
Medical Attendant

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

[illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10277

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winifred Maria Harper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 wks Months, ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Mos

Place of Death, {Give street and number.} 413 Stricker St

Cause of Death, First (Primary,) Marasmus

Second (Immediate.)

Duration of Last Sickness, About Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, June 10. 1876

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

Nicholas G Rodgers M. D.
Medical Attendant.

Address 352 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Joseph Kilpatrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* 21 *Days.*

Color, White. *Sex,* Male

~~*Married,*~~ *Single, Widow* ~~or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 22. Forest Place

Cause of Death, {First (Primary,) ____ Second (Immediate,) Marasmus

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's burial ground.

Date of Burial, June 12. 1876.

{*Undertaker,* Geo. L. Kellenmayer.
Place of Business, 38 Hanover St.

Wm Whitridge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...y of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10 "1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Phillips Medley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, colc

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Forrest Street

Cause of Death, {First (Primary,) Mal nutrition (artificial feeding)
Second (Immediate,) Chol Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jun 11 "1876

Undertaker, W. T. Dunger

Place of Business, East St

James F. Steuart M.D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Matilda Medley mother

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Franklin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Mall

Age, 1 *Years,* 9 *Months,* ..... *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 21 Douglas St

Cause of Death, {First (Primary,) Sudden death beginning at the heart

Second (Immediate,) Had had Diptheria and was convalescing.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12th 1876

Undertaker, William A. Lange

Place of Business, 1st 184 East Balt.

D Webster Cathell M. D.
Medical Attendant.

Address 1/2 S Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Franklin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City—

Duration of Residence in the City of Baltimore, Whole lifetime

Place of Death, {Give street and number.} 21 Douglas St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Sudden depression & death

Duration of Last Sickness, 10 or 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10th 1876

Undertaker, William Douglas

Place of Business, 100 & 104 East St

D Webster Cathell M. D.
Medical Attendant.

Address 16 S Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Howard

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} X 1. Wope Alley—

Cause of Death, First (Primary.) Dentition

Second (Immediate,) Chol Infantum

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 1876

Undertaker, Samuel H Clare

Place of Business, S. Howard St

James A Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Ellen A. Cook mother

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10: 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 8 Weeks ~~Days.~~

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 279 Ramsay St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 11: 1876.

Undertaker, J. B. Cook.

Place of Business, 707 Baltimore St.

H. L. Speir M. D.
Medical Attendant.

Address 319 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm H. Nickum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 2 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} S. W. Cor. Jefferson & Washington Sts.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) ____

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, June 11th 1876

Francis A. Sauer M. D.
Medical Attendant.

Undertaker, Wm Forye

Place of Business, Cor. Broadway & Fayette Address 133 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Robert, Son Schilling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 187 Pierce Street

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County by L. C. Horn M. D.

Date of Burial, June 11th 1876 Medical Attendant.

Undertaker, P. Kummert

Place of Business, 311 Mulberry St. Address 226 Aulbury St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Lane Kerns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 29 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 25 Woodward St

Cause of Death, {First (Primary,) Cholera Infant

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 11th 1876

Undertaker, Charles F. Herbert

Place of Business, 161 Hanover St.

A. H. Cuney *M. D.*
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur C. Divison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 57 Market Space

Cause of Death, {First (Primary.) Cholera Infantum / Second (Immediate,)}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Potters field

Date of Burial, June 11th 1876

Undertaker, Chas. Streeper

Place of Business, ____

James A Steuart M. D.

Address Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hickman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, One *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1635 Ridgely

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 11th 1876

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross sts

S. C. Buck M. D.
Medical Attendant.

Address 1111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10289 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N E Cor Baulo & Dillon St.

Cause of Death, First (Primary,) Scarlatina Maligna with Hemmiplegia Encephaletis

Second (Immediate,) Spasm

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 12th

John A Schultz M. D.
Medical Attendant.

Undertaker, Michael Bauer

Place of Business, No 85 Balto Address N E Cor Gough & Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Brown.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 219 N Fremont St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Diarrhoea.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, June 11th 1876

Undertaker, Henry Rodemeyer

Place of Business, Cor. Forest & Biddle

Saml S. Powell **M. D.**
Medical Attendant.

Address No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 11 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Locke

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } No 15 Jules Alley

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) ____

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ /

Date of Burial, June 11th 1876

Undertaker, William Gray

Place of Business, 63 Hulbert St

Chas. Lonsdale M. D.
Medical Attendant.

Address 59 Eastaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Stuart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* ____ *Months,* ____ *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~: {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Don't Know

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give street and number.} No. 35 Leran Alley

Cause of Death, First (Primary,) Co. frac. of skull

Second (Immediate,) Acute cerebral meningitis 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, June 11th 1876

Undertaker, Wilson & Dorsey

Place of Business, Monterey St

S. Clay Maddux
Alexander Hill M. D.
Medical Attendant.

Address No. 23 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 10223 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia F. Eyer

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 N. Caroline St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Private Grd

Date of Burial, 11th June

John F. Monmonier M. D.
Medical Attendant.

{*Undertaker,* Rd. Hall

Place of Business, [redacted]3 E. Balto St.

Address S. W. Cor. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus Selby Brooks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 Months, 11 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 504 Franklin St

Cause of Death, First (Primary,) congestion of Brain

Second (Immediate,) 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wyoler Cemetery

Date of Burial, June 12

Undertaker, I B Cook

Place of Business, 707 West Baltimore St

M Henry M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours*. after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Kline

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, Six *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married,* Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and number.} Foot Washington Ad St

Cause of Death, {First (Primary,) / Second (Immediate,)} Drowning.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, 11th June

Undertaker, Wm. E. Lucas

Place of Business, 253 Main St

Wm C. Ireland M. D.
Coroner E. Dist.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maynard Elizabeth Rosengarten

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 300 Mulberry St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Gatheson Cemetery

Date of Burial, June 12th 1876

Undertaker, P. Kimmitt

Place of Business, 311 Mulberry St

J. E. Keller M. D.
Medical Attendant.

Address 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Wm. Starr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 5 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 24 Fort Street

Cause of Death, {First (Primary.) Scarlatina

{Second (Immediate.) Disease - Convulsions

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemty

Date of Burial, June 11th 1876

Undertaker, George Froelich

Place of Business, 339 Canton Ave

C. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUNE 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Henry Hyde

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 Cambridge St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician

Place of Burial, Mount Harmel Cemetery

Date of Burial, 11 June 1876

Undertaker, John F. Potsch

Place of Business, 165 Aliceanna

Address 69 E. Broadway

L. L. Hyde M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Shields

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 181 S. Chester St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician

Place of Burial, St. Patricks Cemetery

Date of Burial, June 11th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av.

Dr. J. Gatch M. D.
Medical Attendant.

Address 2 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday 11 o'clock P.M. June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbra Evart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor of East & O'Donnell St Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Cor of East & O'Donnell St (N E Cor)

Cause of Death, First (Primary,) Inflammation of Kidneys

Second (Immediate,) Peritonitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 12th 1876

J Richards M. D.
Medical Attendant.

Undertaker, H M Gibmeyer

Place of Business, 341 Canton Av.

Address 280 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th of June 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Schech

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Wh

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 67 S. Madison Ave

Cause of Death, {First (Primary,) Hydrocephalus congenital
Second (Immediate,) Eclampsia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June. 12th

Undertaker, H. H. Gilmeyer

Place of Business, 504 Canton Ave *Address*

J. Flatley M. D.
Medical Attendant.

2715 E. Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10302.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J Ryan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 12 Potomac St

Cause of Death, First (Primary,) Complete paraplegia -

Second (Immediate,) ~~Exhaustion after an attack of hemorrhage~~

Duration of Last Sickness, Seven years -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery W C Livingston *M. D.*

Date of Burial, June 11th Medical Attendant.

Undertaker, Wm H Leonard Son

Place of Business, 782 W Balto St *Address* 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10202.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10 /

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen G. Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 410 Hanover st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. Theodor Goth M. D.

Medical Attendant.

Date of Burial, June 11th

Undertaker, Wm M. Leonard Son

Place of Business, 192 Baltimore st *Address* 446 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10304 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10. 36 p m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Hoffman.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Eight *Years,* 7 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 117 Arch.

Duration of Residence in the City of Baltimore, Eight.

Place of Death, {Give street and number.} 76. Druit hill Av.

Cause of Death, First (Primary,) Hamaraqia in the chest.

Second (Immediate,)

Duration of Last Sickness, 34 hours.

All the above information should be furnished by the Physician.

Place of Burial, Ft Old Jenerus Cem

Date of Burial, June 12 th

Undertaker, H Schilling

Place of Business, 71 Penn Ave

John J. Fitzer, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Skinner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 111 S. Sharp St.

Cause of Death, First (Primary.) Colic

Second (Immediate,) Spasms

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 12 1876

Undertaker, Mosby & Gerry

Place of Business, 263 Light

R. C. Lee M. D.
Medical Attendant
Coroner S. D.

Address N. W. Cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Amanda Walter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 - *Years,* 2 - *Months,* 1 - *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Lombard & Paca Streets

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About one Year.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery W. R. McKenzie M. D.

Date of Burial, the 13th of June Medical Attendant.

Undertaker, P. Kinnard

Place of Business, 317 Pratt Street *Address* 382 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 7 *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 153 Columbia Aven

Cause of Death, {First (Primary.) Cholera Infant

Second (Immediate,) 7 days —

Duration of Last Sickness, ____

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 12th of June

Undertaker, P. Kinnicutt. *Address* 76 Stockton

Place of Business, 311 Mulberry St

I H Mooney M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Flug

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. Seven years

Place of Death, {Give street and number.} 73 Hill

Cause of Death, First (Primary.) Typhoid Fever.

Second (Immediate.)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 12 1876

Louis Ko Hoen *M. D.*
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover *Address* 226 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Schoeffler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1015 Pratt St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Spasms

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial,

Undertaker, P. B. Stockbridge Son

Place of Business, 606 W. Balto St.

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John, Francis, Peirce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Four *Months,* Twenty two *Days.*

Color, ____ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Eden & Monument sts

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bull Creek

Date of Burial, June 12 1876

{*Undertaker,* Wm. [illegible]
Place of Business, 34 N Bond

S. F. Coyner M. D.
Medical Attendant.

Address 134 Dtch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Nugent

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~, *Occupation,*

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, 8 Years 9 mos & 2 days

Place of Death, {Give street and number.} 284 Durham St Baltimore

Cause of Death, {First (Primary.) / Second (Immediate,)} Disease of Spine from fall

Duration of Last Sickness, Supposed about 2. years

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, June 13, 1876. Geo H. Watson M. D.
Medical Attendant.

{*Undertaker,* Wm Fry / *Place of Business,* 54 N Broadway} *Address* 18. Bisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lightner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} E. Fayette St. 218

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, June 12th 1876.

Undertaker, Wm. Fry

Place of Business, 54 N. Broadway

G. Glanville, Just M. D.
Medical Attendant.

Address Balt & Nash sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10313.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 12 1876

Date of Death, June 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Northman Mother

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 14 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 Peach alley

Cause of Death, {First (Primary.) Cerebral Meningitis. / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Potter's Field

Date of Burial, June 12 1876

Undertaker, M. H. C. Perry

Place of Business, 448 W Pratt

Address Commissioner Health

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information from Hester Parker - [OVER.]
next by a dwelling

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 10 o'Clock. P. M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W^m all

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 79 – *Years,* 7 *Months,* 3 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} No 98. N. Howard

Cause of Death, First (Primary,) ——

Second (Immediate,) old age

Duration of Last Sickness, Sixteen weeks

All the above information should be furnished by the Physician.

Place of Burial, W^m Oliver Cemetery

Date of Burial, June 13th 1876

W H Davis M. D.
Medical Attendant.

Undertaker, A Keerwood & Son

Place of Business, 92 N Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Amelia Cross

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* Twenty seven *Days.*

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} # 111 Jefferson St.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary.

Date of Burial, June 12

Undertaker, M. D. Banks

Place of Business, 59 South St.

Milton A. Taylor M. D.
Medical Attendant.

Address 100 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T. Sachen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8. *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Josephine St

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,)}

Duration of Last Sickness, 3. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 76

Undertaker, L. B. Cook

Place of Business, N. Balto St

D. L. Buddendorf M. D.
Medical Attendant.

Address 106 Colt [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hickey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 60 Ramsay St

Cause of Death, {First (Primary,) Pulmonary Consumption, Second (Immediate,)}

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 13th 1876

Undertaker, John Thacker

Place of Business, No 158 Camden

J. H. Emmett M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles P. Shekells

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 4 *Months,* *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 247 N. Wolfe St

Cause of Death, First (Primary,) ~~Disease of the Bowels~~ Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, June 12th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

W. W. White, M. D.
Medical Attendant.

Address 241 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward J. Cunaccone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 82, Hamburg St.

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate.) Convulsions

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 13 1876

H. B. Noble M. D.
Medical Attendant.

Undertaker, J. Weaver

Place of Business, 46 & 48 Druid Hill ave *Address* 17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Ayres

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 291 South St.

Cause of Death, {First (Primary,) Gastritis

{Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th " 1876

Undertaker, H A Daigle

Place of Business, 74 N. Bond

Chas F. Stone M. D.
Medical Attendant.

Address 207 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 Peach alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 12, 76

Undertaker, W. M. C. Chase

Place of Business 1928 Bloomfield

R. C. Lee M. D.
Medical Attendant

N. W. cr Coroner's D

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10322.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10 ~~William H. Millett~~

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Millett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 1 *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow and Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40. 8 years

Place of Death, {Give street and number.} 128 Hill St.

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 76

Undertaker, W M Chase

Place of Business, 198 Howard St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10323,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Clark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltemore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 457. Light St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 12th 1876

Undertaker, John S Hinchman

Place of Business, No 158 Camden

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abby K Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 7 month - 12 days

Place of Death, {Give street and number.} 370 Hanover

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Inflamation of Bowels

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary J G Watson M. D.

Date of Burial, June 13th 76 Medical Attendant.

Undertaker, Chas F. Newman *Address* 434 W. Centre Alley

Place of Business 201 E. Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10325.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11 /76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 160 Monument E

Cause of Death, {First (Primary.) / Second (Immediate.)} Paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetary

Date of Burial, June 13 1876

J. H. Pattison M. D.
Medical Attendant.

Undertaker, Jno T. Newman

Place of Business, 201 E. Madison *Address* 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. F. Drager

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Five *Months,* Twenty Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 247 Canton Avenue

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, (3) Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, June 12th 1876.

Wm. H. Clendiner, M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave. Address No. 139 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Specia...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10827.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredrick Kemp Jr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} Holland St. No. 70

Cause of Death, First (Primary,) Chronic Diarhea (Teething)

Second (Immediate,)

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, June 13 th 1876.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St. *Address*

C. H. Fick M. D.
Medical Attendant.
N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Sweeny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 — *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Roscommon — Ireland

Duration of Residence in the City of Baltimore, 12 years —

Place of Death, {Give street and number.} Ohl Road —

Cause of Death, {First (Primary,) Rheumatism
{Second (Immediate,) Peri Carditis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, June 11th 1876

Undertaker, H A Daiker

Place of Business, 745 B'way

M. D.
Medical Attendant.

Address 139 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Warren.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 4 *Months,* 12 *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole lifetime

Place of Death, {Give street and number.} 53 S Exeter St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Slow asthenia

Duration of Last Sickness, Probably from birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 13th 1876

D Webster Cathell M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 611 E Balto

Address 1½ S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Forman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 189 Dolphin St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery W. B. Griffith M. D.

Date of Burial, June 13th 1876 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave Address 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Zedah Dodge

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} # 151 N. Exeter St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, About 24 hours.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem'try

Date of Burial, June 13th 1876

Andrew Abercrombie. M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St. Address 133 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... ~~*Months*~~, 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Under influence of Opium administered

Second (Immediate,) Spasms

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, June 13 1876

Undertaker, Emil Bowen

Place of Business, 156 Division St.

Martin Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora E. Neser

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} S. E. Corner Franklin & Poppleton Sts

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, June 12th 76.

Undertaker, F. N. Troll

Place of Business, 90 S. Howard St

Sam'l H. Anderson M. D.
Medical Attendant.

Address Cor Franklin and Poppleton Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 90 W. Lexington St.

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,) ____

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 13th

Undertaker, F. N. Troll

Place of Business, 90 S. Howard St.

D. G. Wantz M. D.
Medical Attendant.

Address 203 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F. A. Regensdorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} South East cor of Gay & Chesnut Sts

Cause of Death, {First (Primary,) Rheumatism Secondly. Second (Immediate,) Embolism

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 12th/76

Undertaker, F. N. Troll

Place of Business, 908 S. Howard St

Wm. H. Stevenson M. D.
Medical Attendant.

Address 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas A Wheeler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty-eight *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Sail-Maker Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester City Md.

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 232 Montgomery St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 13

Undertaker, C. W. Blizzard

Place of Business, 201 Penn av cor of Dolphin St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W. W. Gaines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 — *Months,* 3 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Cor. Madison & Caroline

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) do — & Spasms

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Balto City

Date of Burial, June 13th 1876

Undertaker, Wm Fry

Place of Business, Broadway

Chas D Johnson M. D.
Medical Attendant.

Address 86 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

KODAK SAFE

Board of Health, City of Baltimore,

Permit No. 10338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fried. Eikenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 26 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 91 Lowest

Cause of Death, {First (Primary.) ? Second (Immediate,) } Cholera infant.

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel

Date of Burial, June 12, 1876

Undertaker, Chas Koenig

Place of Business, 136 E Fayette

C Hoffmeier M. D.
Medical Attendant.

Address 57 Aisquith.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11339 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 4 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mary Ellen Lalby~~ Mary Ellen Lalby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} No 32 Hillen St

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Cy.

Duration of Residence in the City of Baltimore, 11 mos.

Place of Death, {Give street and number.} No 32 Hillen St.

Cause of Death, First (Primary,) Malarial Cachexia

Second (Immediate,) Dropsy of Pleural cavity

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, June 12 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

N. G. Keirle M. D.
Medical Attendant.

Address Vis Pho Balto Special Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10349

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ( ) *Years,* Six *Months,* ( ) *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} No 1 Jefferson alley

Cause of Death, First (Primary,) Debilitine

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1876

Charles H. Burns, **M. D.**
Medical Attendant.

Undertaker, F. M. Fee

Place of Business, 54 N. Broadway *Address* 185 E. Monument St near Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11: 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Bowes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 8 Weeks 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 279 Ramsay St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery

Date of Burial, June 12: 1876

Undertaker, J B Cook

Place of Business, 707 W St Baltimore

A. L. Spicer M. D.,
Medical Attendant.

Address 879 a Amberg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10342

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard D. Long

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days.*

Color, white

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England 60 yrs

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 258 W. Fayette St

Cause of Death, {First (Primary.) old age

{Second (Immediate.) senile decay

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 13 1876

James A Steuart M. D.

{*Undertaker,* M. A Daiger

{*Place of Business,* 74 S. Broadway

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the place and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11343

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUN 12
1876
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Carney

~~Sex.~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.} Male

~~Age,~~ ~~Years~~ 2 months, ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Lying In Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Pvt. Inft. Asylum

Cause of Death, First (Primary,) Mal nutrition

Second (Immediate,)

Duration of Last Sickness, Ten days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 12

C. F. Boran M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 201 Bond

Address 241 Lindsay Ave Cor Lanvale -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Evans.

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 years ~~Years~~, ~~Months~~, ~~Days~~.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Lying In Asylum

Duration of Residence in the City of Baltimore, 4 hours

Place of Death, {Give street and number.} Protestant Infant Asylum

Cause of Death, First (Primary,) Malnutrition & Cleft Palate

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, June 12.

Undertaker, C H Blizzard

Place of Business, 201 Pratt av

C. F. Brune M. D.
Medical Attendant.

Address 241 Linden ave. cor Laurens

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Long.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} Maryland Infants Asylum

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,)

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician

Place of Burial, Fowlers Rock

Date of Burial, June 12-

Undertaker, C H Blizard,

Place of Business, 201 Pen ave

C. F. Brau M. D.
Medical Attendant.

Address 241 Lombard ave
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Andrew Snuds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Cecil St

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetary

Date of Burial, June 12th

J. H. White M. D.
Medical Attendant.

Undertaker, J. Davis

Place of Business, No 103 Lee St *Address* 845. W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Puelzt.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 166 S. Madeira Al.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, H, Methodist Cem'y

Date of Burial, June 13th 4 P. M.

Undertaker, Henry Linder

Place of Business, 255 Canton Ave.

I. H. Kane M. D.
Medical Attendant.

Address 267 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysician is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 11348

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bishop

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 82 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Watchman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Hollins Street 179

Cause of Death, First (Primary,) Old age

Second (Immediate,) Gastro-enteritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls. C.

Date of Burial, June 13

Undertaker, J. B. Blackistonson

Place of Business, 606 Balt st

H. N. Shultz *M. D.*
Medical Attendant.

Address No 11 S. Arlington ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Boeckel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty six *Years,* 6 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Six Years

Place of Death, {Give street and number.} ~~#~~ 53 Fred^k^ Avenue

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) Four Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 13/76

{Undertaker, Jno P Rukus

{Place of Business, #66 Fred^k^ Ave.

J. G. Smithcum M. D.
Medical Attendant.

Address #584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* *5 Months,* 23 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 38 Hamstead

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, June 13th.

Undertaker, Franklin Tippet

Place of Business, S. Bond st. 151

D. G. Dasch M. D.
Medical Attendant.

Address 97 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10351

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

Date of Death, June 11th "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Eashmeyer

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, ~~Single Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, "Cooper"

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany "

Duration of Residence in the City of Baltimore, 37 years "

Place of Death, {Give street and number.} Hope & Landale "

Cause of Death, {First (Primary,) Inguinal Sectonis

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St. Upthanus Ch Chas A. McCormick M. D.

Date of Burial, June 13 Medical Attendant.

Undertaker, Undian Dispsl

Place of Business, 2 S Bond st 157 *Address* 1314 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10852.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th June. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William B. Perine.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 17 *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore 26 Cathedral St.

Duration of Residence in the City of Baltimore, All of his life

Place of Death, {Give street and number.} 26 Cathedral St. Balto.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 14th 1876

Undertaker, H. B. Jenkinson

Place of Business, 116 Light st. *Address*

Henry Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan M. Arthur

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 4 *Months,* ~~*Days.*~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 681 W. Lexington St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 681 W. Lexington St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery J. H. Butler M. D.

Date of Burial, June 13th 76 Medical Attendant.

Undertaker, Charles Pouder "

Place of Business, W. Baltimore St Address 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 13th of June 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Philipp Benick

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Month,* 14 *Days.*

Color, white

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 41 N. Carolina.

Cause of Death, {First (Primary,) Eclampsia infantum

Second (Immediate,) ____

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 14th of June

Undertaker, H. Schultheis

Place of Business, 261 E Monument

Address 245 S. Baltimore

Guthrie M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10353

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th June 1876 2 o'clock a.m. morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Mueller

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} 5 N. Washington Av.

Cause of Death, First (Primary,) Hydrocephalus chronicus

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Joseph Cem.

Date of Burial, Monday June 19th

William Hensel M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 77 E. Wolfe St. *Address* S. Wolfe Av. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10356 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H Price

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 *Years,* 4 *Months,* *Days.*

Color, Light Copper *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, { Give street and number. } 87 Oxford st

Cause of Death, { First (Primary,) unknown / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 12th 1876

{ *Undertaker,* W. H. Bevan Jr / *Place of Business,* 190 Druid Hill Ave } *Address* Cor Dolphin & Bob

A. F. Bohner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10367 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferman D. Romans & Anna B.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Twin Child of the above named Romans.

Age, ~~Years,~~ Months, 10 Minutes ~~Days~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 112 South Stricker St.

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 11

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt st

J. D. White M. D.
Medical Attendant.

Address 845 N. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10358. OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fermar W & Anna Romans

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.} Twin Child of the above named

Age, *Years,* *Months,* 10 Minutes ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 S. Stricker Street

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 11 1876

{*Undertaker,* I. B. Blackiston

{*Place of Business,* 606 W. Balto St

J. W. White M. D.
Medical Attendant.

Address 848 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 11359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* One *Months,* ~~11~~ 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 Jefferson, in the rear

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Artificial Feeding

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, H. Potters Field

Date of Burial, June 13th 1876

Undertaker, Chas Sleeper

Place of Business, Pratt & Chester *Address* 195 N. Eden St.

A. E. Klein, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10360 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 12th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Chase

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Four Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 307 S. Eutaw Street

Cause of Death, First (Primary,) "

Second (Immediate,) Cholera Infantum "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 13 " 1876

Chas. H. Duff M. D.
Medical Attendant.

Undertaker, C. A. Ponder

Place of Business, No 520 W. Balt'm *Address* No. 306 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10361. OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Stouth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 65 Camden St

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 13th 76

Undertaker, L. N. Toll.

Place of Business, 705 S. Howard St

J. G. Wenckle M. D.

Medical Attendant.

Address 203 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10362

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE... JUN... 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Shutter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 517 Light St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th 1876

Undertaker, Charles F. Gould

Place of Business, 161 Hanover St

H B Stolt M. D.
Medical Attendant.

Address 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 10363. OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Price

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seven Years, Four Months, Two Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Spinner Cotton Factory

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary County Md.

Duration of Residence in the City of Baltimore, From March 2nd 1876

Place of Death, {Give street and number.} No 2 Ramsay St

Cause of Death, First (Primary,) ——

Second (Immediate,) General Dropsy

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Hamilton Baltimore

Date of Burial, June 13 1876

J W Connell M. D.
Medical Attendant.

Undertaker, William Slagle

Place of Business, Hamilton Balto Co Address 28 South Gurnet St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10364

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

Date of Death, June 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Mac Phe[illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Gentlewoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jefferson Co Virginia

Duration of Residence in the City of Baltimore, ~~75~~ 35 Years

Place of Death, {Give street and number.} 8 Pearl St Corner Saratoga St

Cause of Death, {First (Primary,) Old age infirmities

{Second (Immediate,) Pneumonia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Friends Burrying ground

Date of Burial, June 14th 1876

Undertaker, John F. Weaver

Place of Business, # 22 N. Fayette St *Address* 173 Saratoga St

R. R. Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10365 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Gales Hall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 233 St Paul St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Prolonged

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'ty

Date of Burial, June 13th 1876

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address* 201 Madison Ave

J. E. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10366 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Evadne Smith

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~4~~ ~~Years.~~ 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 N. Broadway

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.y Thomas Shearer M. D.

Medical Attendant.

Date of Burial, June 13th 1876

Undertaker, John H. Weaver

Place of Business, # 221 N. Fayette St *Address* 971 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10367 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maximilian Friedrich Pothast

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, Days.

Color, White Sex Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 127 Howard Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Co.

Date of Burial, June 13 1876

Undertaker, Henry Koch

Place of Business, 35 Central Ave Address 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 10318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Riley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* 17 *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 71 Pine st

Place of Death, {Give street and number.} Since birth

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral St. John A Pennington M. D.

Date of Burial, June 13 1876 Medical Attendant

Undertaker, Henry Koch

Place of Business, Cor Cathedral & Pleasant Sts. Address 98 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 10319.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Voeth

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 23 yrs

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 216 Harford ave

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 14 1876

{*Undertaker,* H. Hoeck

{*Place of Business,* Central Ave

James A Steuart M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 10970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Lowry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Four *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Four months.

Place of Death, {Give street and number.} 66. Davis. St.

Cause of Death, First (Primary,) Indigestion.

Second (Immediate.)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cathedral Cemetery. A. Caldwell Leland M. D.

Medical Attendant.

Date of Burial, June 13th 1876. 178 Aisquith St.

Undertaker, H. C. Dorsey

Place of Business, 1109 East St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10971 — OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

Date of Death, June 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Jane Bright

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 47 Dallas St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13 1876

Undertaker, Mr. M Dunger

Place of Business, 109 East St

Geo. S. Kimmon M. D.
Medical Attendant.

Address 732 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 11372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

Date of Death, 13 June 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Bradford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} —

Age, — *Years,* — *Months,* seven *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Chestnut Street 116

Cause of Death, {First (Primary,) Unknown / Second (Immediate,)

Duration of Last Sickness, 7 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem[illegible]

Date of Burial, June 14th 1876

Undertaker, Wm. A. Lingo

Place of Business, 116 E. Eutaw st

Henri F. Tolson M. D.
Medical Attendant.

Address Corner of Augusta & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 11373 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

Date of Death, 13th. June 1876. 2 o'clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Kaun

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Alice Annstreet 324.

Cause of Death, {First (Primary,) Second (Immediate,)} Debilitas generalis

Duration of Last Sickness, during lifetime

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, June 13th

Undertaker, George Heep.

Place of Business, 21 S Eden Street *Address* S. Wolfe Nr. 11th.

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 10374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Louisa Mat

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 24 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 Portland St

Cause of Death, First (Primary,) cholera ~~infantum~~ Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 14 1876

Undertaker, ~~Hyde Southwood~~

Place of Business, Monument St

A Albers M. D.
Medical Attendant.

Address 95 S. Sharp St.

J J Carlin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10375 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

Date of Death, June 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Madner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lard Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 60 years in U.S.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 85 Arlington avenue

Cause of Death, First (Primary,) ——— Second (Immediate,) Acute Congestion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary J. Lee C. Condon, *M. D.*

Date of Burial, June 13 - 5 o'clock PM Medical Attendant.

Undertaker, John S. Macher *Address* 363 Franklin St.

Place of Business, ~~Arlington~~ 150 Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10376,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 P. M. 12th June, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Florenz Knopp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* Five *Months,* Thirteen *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor Raborg & Poppleton Sts Baltimor

Duration of Residence in the City of Baltimore, Five Months & 13 days

Place of Death, {Give street and number.} 137 N. Poppleton St cor of Raborg

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 14th

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St *Address* 83 Franklin St

Wm J. Worth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

Board of Health, City of Baltimore,

Permit No. 10377

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Eliza Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 93 Dover Street

Cause of Death, {First (Primary.) Thrush (Art especial feeding)} {Second (Immediate.) Inanition}

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, A. Potters Field

Date of Burial, June 13 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St.

James A Steuart M.D.
Medical Attendant

Address Health Commissioner & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Malinda Connosh

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles J. Lambe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty one *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brigler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Centerville Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 134 Hanover Street

Cause of Death, {First (Primary,) Natural

{Second (Immediate,) Tuberculosis

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician

Place of Burial, Centerville Md

Date of Burial, June 13th 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

Z. K. Wiley M. D.
Medical Attendant.

Address 262 Hanover Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under [illegible] within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate [illegible], as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 468)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10379 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

Date of Death, June 12. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Cowman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 29 Hollins St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, About 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Friends Burying Ground

Date of Burial, Jan 14th

Undertaker, J B Blackistone

Place of Business, Bath St

W R Walton M. D.
Medical Attendant.

Address 181 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10380

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherin Geoghegan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 98 74 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dreheslw Co

Duration of Residence in the City of Baltimore, 95 Years

Place of Death, {Give street and number} 81 Aliw St

Cause of Death, {First (Primary,)} Heart failure

{Second (Immediate,)} Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Green mount

Date of Burial, June 14 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Eighth St

Geo. W. Benson M. D.
Medical Attendant.

Address 44 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Senft.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 10 *Months,* 3 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Europe — in United States 19 years

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 254½ S. Bond st.

Cause of Death, {First (Primary,) Unavoidable hemorrhage
Second (Immediate,) Post partum "

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathew Church Cemetery

Date of Burial, June 14th

{*Undertaker,* Peter Frey
Place of Business, 9 E Lexington St

P. G. Dauschats M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Gross

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 20 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 237 S. Eutaw

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 11 months (about)

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, June 13th 1876

{*Undertaker,* M. H. C. Perry

{*Place of Business,* 418 Pratt St

Mark E Ballgett M. D.
Medical Attendant.

Address 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mannie J. Mobley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 Years 3 months

Place of Death, { Give street and number. } 267 Montgomery St

Cause of Death, { First (Primary,) Gastric Fever

{ Second (Immediate.)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 14 1876

{ *Undertaker,* Hercules Boss

{ *Place of Business,* 180 Mc[illegible] St

J. F. Brown M.D.
Medical Attendant.

Address 176 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...oard of Health, City of Baltimore,

Permit No. 10384

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton B. Wright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 379 Orleans St

Cause of Death, {First (Primary,) Chol Infantum

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 14 1876

Undertaker, William Frey

Place of Business, N. Broadway

James A Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sylvester H. Wright Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11385 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Wachter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 238 Battery Av.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, June 14th

Undertaker, C. F. Kraus.

Place of Business, 209 Hanover St

D. A. Mc Mau M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10986

The Pbysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie O'Connor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Ever

Place of Death, {Give street and number.} 27 Ringold St.

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Spasm

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, June 15th 1876

Undertaker, Geo. Lafferman

Place of Business, 121 Aisquith

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1976 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 13. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Goodwin

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, wht *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} Cor Fulton & Franklin (methodist Home)

Cause of Death, First (Primary,)

Second (Immediate,) Bilious Diarrhoea

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Int Olivet

Date of Burial,

Undertaker, J. S. Macher

Place of Business, 130 Camden st

G. L. Taneyhill M. D.
129 W Biddle st
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} I Howard Katzenberger

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, W *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 190 Division

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 190 Division

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) ____

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 14th 1876

Undertaker, Jacob Haver

Place of Business, No 486 Druid Hill Ave

Address

J. T. Knight M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10389 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

Date of Death, June 11th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estavelle Cornish

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 10 Herring Court

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, June 13th 1876

Undertaker, John W. Locke

Place of Business, 59 S. Wolfe

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16390 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

Date of Death, June [redacted]th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Garrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 3 *Months,* 28 *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 12 S Bethel St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Sick from birth

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 13th 1876 D McCathell M. D. Medical Attendant.

Undertaker, John W Forks

Place of Business, 57 S Wolf St *Address* 12 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dellendick

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, C *Years,* 9 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. Y.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 274 S. Ann St.

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, 15th of Jun

Undertaker, Conrad Schuh

Place of Business, 265 Thames St.

J. Gothie M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Helen Emmine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 364 Guy St

Duration of Residence in the City of Baltimore, 3 yrs 4 mos

Place of Death, {Give street and number.} 227 N. Caroline St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery E. Gor. Walk

Date of Burial, 15 June

M. D.
Medical Attendant.

Undertaker, Adam Fink *Address* 181 E Monument St

Place of Business, 761 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Jordan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~one~~ *Years,* 8 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 34 Covington

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 14th 1876

Undertaker, Charles Fiderald

Place of Business, 161 Hanover St

Sherlock Cooke M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hankins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Eight *Months,* *Days.*

Color, Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 Chesnut St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Church Yard

Date of Burial, June 15 1876

Undertaker, Wm J Dunge

Place of Business, 107 East at

Whitfield Winser *M. D.*
Medical Attendant.

Address 116 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June June 13/876 3,30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L. Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, d

Sex, Female

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 h Dallis St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 14 1876

Undertaker, H. & P. Lange

Place of Business, 104 East st

A Freyschlag M. D.
Medical Attendant

Address 11 S. Eight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Krieger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 133 Ensor Chronic Gastritis

Cause of Death, {First (Primary.) / Second (Immediate,)}

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, June 16th

Undertaker, Michael Fundy

Place of Business, No. 35 Bank St. *Address*

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11397

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bowers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 350 William St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick *Country*

Date of Burial, June 14 1876

Undertaker, C.F. Krause

Place of Business, 209 Hanover St *Address*

S. P. Mud *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13/76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Geddy Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Druggist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Chesterfield Co. Va.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and number. } 87 N. Eutaw St

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, June 14 1876

Undertaker, John L Machen

Place of Business, No 160 Camden St *Address*

Jno R. Quinan M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Greenebaum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 103 E Lombe

Cause of Death, {First (Primary,) Apoplexy second attack.
Second (Immediate,) had the first attack 3 weeks ago.

Duration of Last Sickness, 41 hours.

All the above information should be furnished by the Physician

Place of Burial, Hebrew Cemetery

Date of Burial, June 15th

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address*

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th June 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda J. Jackson.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* three *Days.*

Color, White *Sex,* Female,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 312 Canton Avenue,

Cause of Death, First (Primary,) ; Second (Immediate,) Cholera Infantum,

Duration of Last Sickness, Two days,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 14th 1876

Nicholas L Dashiell, M. D.
Medical Attendant.

Undertaker, Heughes & Co

Place of Business, 66 S Broadway *Address* 207 E. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Gates

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Little Pine St

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ho. Potters Field

Date of Burial, June 14th 1876

Undertaker, M. H. C. Perry

Place of Business, 448 Pratt St

M. D.

Address Health Commiss & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Agnes Gelston who had it to Board

Board of Health, City of Baltimore,

Permit No. 10402

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

Date of Death, June 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Catherine Snyder

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} C Bullo-

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 5-8 Albemarle

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) ____

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, St Vincents, Conn

Date of Burial, June [illegible] 1876

Undertaker, [illegible]

Place of Business, 63 [illegible] *Address* 34 N. Calvert St

Gen. B. Reynolds M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13 7. p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Youston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19. *Years,* . . *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, O

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Graham, Friedrich County M. A.

Duration of Residence in the City of Baltimore, One Months

Place of Death, {Give street and number.} Wh. George Street

Cause of Death, First (Primary,) Second (Immediate,) Lainyo = Phthisis.

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Carrol County

Date of Burial, 14 th June

John S. Fitzer. M. D.
Medical Attendant.

Undertaker, Jos. Foame

Place of Business, 568 W. Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 469)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barthlomew McGovern

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 200 Chesnutt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestive Apoplexy

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, St Patrick's Cem

Date of Burial, June [illegible] 1876

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] Address 84 E. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Miles

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 457 E. Lombard St.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 14th June

Undertaker, Hor. H. Grey

Place of Business, 476 E. Lombard

G. Glanville Rusk, M. D.
Medical Attendant.

Address Balt. & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, W. *Sex,* F.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 140 Monument St

Cause of Death, First (Primary,) Dyspepsia

Second (Immediate,) Paralysis

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 16th 1876

Undertaker, John S Hacker

Place of Business, 158 Camden *Address* 186 Aisquith

H. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

Date of Death, June 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown white man

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 40 ! *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany ?

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Found drowned opposite ~~No~~ 112 Spears Wharf

Cause of Death, First (Primary,) Accidental Drowning

Second (Immediate,) Verdict of Coroners Jury

Duration of Last Sickness, Had been in water some time

All the above information should be furnished by the Physician.

Place of Burial, At Potters Field

Date of Burial, June 6th 1876

Edmd R Walker M. D.

~~Medical Attendant~~

Undertaker, Chas. Sheeper

Place of Business, Pratt & Charles Sts

Address Coroners P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

Board of Health, City of Baltimore,

Permit No. 10408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

Date of Death, June 13. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Theodore Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Eager St. 2nd door E. of Gay

Cause of Death, First (Primary,) Ignition

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, 14th 1876

Undertaker, Geo. Pfeil

Place of Business, 3 E. Fayette

Geo. A. Hartman M. D.
Medical Attendant.

Address 303 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1876 9 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 103 N. Caroline St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemtr.

Date of Burial, June 15th 1876.

James E. Donnelle M. D.
Medical Attendant.

{*Undertaker,* H. Hofmann.

{*Place of Business,* 13. N. Eden St. Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G Calvert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shepardstown Va

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 178 Scott St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption 5 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, June 13th

Undertaker G. B. Blackiston & Son

Place of Business 606 W. Balt. St.

J Hunney *M. D.*
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 10411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June. 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Dennis Young.

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Black

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 199 Mulliken St

Cause of Death, {First (Primary,) / Second (Immediate,)} Membranous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15 1876

Undertaker, John M. Loof

Place of Business, 421 S Wolf St

Geo. H. Mayer M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

Date of Death, June 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 21 S. Leginia St.

Cause of Death, {First (Primary,) Dysentery. Second (Immediate,) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 14th 1876

Undertaker, John H. Logue

Place of Business, 99 S. Wolf St

H. Glanville, Lee M.D.
Medical Attendant.

Address Balto & Wash Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anastina Haggerdon

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Six ~~Months,~~ 20 ~~Days.~~

Color, White

~~Married, Single, Widowed,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ~~No~~ No 421 Aliceanna St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cem

Date of Burial, June 14th 1876

Undertaker, H. Sinclair

Place of Business, 246 Eastern Ave

Thomas J. Evans M. D
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 14 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 January 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Haman

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 141 S. Bethel.

Cause of Death, {First (Primary,) Carcinoma ventriculi

{Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, June 15

Undertaker, Geo. Gaffron

Place of Business, 129 Penna Ave

F Statkin M. D.
Medical Attendant.

Address 145 S. Bethel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876

CERTIFICATE OF DEATH.

Date of Death, June 13 - 2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Rosenberg ~~Rosenberg~~

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 7 *Months,* ~~six~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Düsseldorf Germany, in U.S. 3 years

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} No 30 S. Parra st

Cause of Death, {First (Primary,) Pelvic Cellulitis
Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ohel Schalum

Date of Burial, June 15th 1876

{*Undertaker,* John Macher
{*Place of Business,* No 150 London st

L O Mitchell M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith M. Crawford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Ch~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 142 S Paca St

Cause of Death, {First (Primary,) Diarhoea

{Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician

Place of Burial, London Park Cem

Date of Burial, June 15th 1876

Undertaker, John S Mac Lew

Place of Business, No 150 Camden

J. H. Murray M.D.
Medical Attendant

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 15 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 June 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Jane Nevins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 296 Penn Avenue

Cause of Death, { First (Primary,) Cancer Uterus / Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.t

Date of Burial, June 15th 1876

Undertaker, Jacob Thaver

Place of Business, 1476 Druid Hill Ave.

Martin Brewer M. D.
Medical Attendant.

Address 201 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Granger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 Hamburg St

Cause of Death, First (Primary.) Diarrhoea

Second (Immediate.) convulsions

Duration of Last Sickness, its whole life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 15th 1876

Undertaker, — C. F. Krause

Place of Business, Hanover St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by H. A Murray Friend Aunt

OVER.

Board of Health, City of Baltimore,

Permit No. 10419

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Winkler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 352 South Eulaw St.

Cause of Death, First (Primary.) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cem

Date of Burial, June 15th 1876

R. M. Hall M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross st Address 266 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Winchester Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 7 *Months,* 22 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, { Give street and number. } 40 N Gilmore St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetary

Date of Burial, June 15th 1876

Undertaker, Hughes & Co

Place of Business, 330 Fayette St.

Wm. H. Keyser M. D.
Medical Attendant.

Address 7 N Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10421 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REAL ESTATE DEPARTMENT JUN 15 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William. H. Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 20 months

Place of Death, {Give street and number.} 22 Wayne st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, June 16

Undertaker, Hercules Ross

Place of Business, 180 Mass St

Ellis. Mickaux *M. D.*
Medical Attendant.

Address No 68 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10424 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Doyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Five *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, 5 Months 12 days

Place of Death, {Give street and number.} — Scott St

Cause of Death, {First (Primary,). Second (Immediate,) Marasmus

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Catharine Home

Date of Burial, June 15th 1876

John O'Blake *M. D.*
Medical Attendant.

Undertaker, Jules Koehler

Place of Business, Cor Wash & Cross st. *Address* 136 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10423. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

Date of Death, June 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Shoke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 19 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 87 E Lombard St

Cause of Death, {First (Primary,) Crush

{Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 16 1876

Undertaker, Ch. Koenig

Place of Business, 136 E. Fayette *Address*

Abram B Arnold *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1104214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Semmig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty three *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} Green Mount Avenue

Cause of Death, First (Primary,) Pleuro—pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, About Four months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] 16 1876

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Gerhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 18 *Days.*

~~*Color,*~~

Sex, Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} Bel-air Road

Cause of Death, First (Primary,) Diarhoea

Second (Immediate,)

Duration of Last Sickness, Unknown, Always sick

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. W.W. White, M. D.

Medical Attendant.

Date of Burial, June 15th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St. Address 241 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ralph E Fooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 46 Friend St

Duration of Residence in the City of Baltimore, Five Months

Place of Death, {Give street and number.} 46 Friend St

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1876

Undertaker, Wm. A. Lance

Place of Business, 16 1/2 Entaw

A. F. Hune *M. D.*
Medical Attendant.

Address Pine & George Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella B. Kehm

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 6 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 196 Aisquith St

Cause of Death, First (Primary,) Starvation

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 15th 1876

James A Steuart M. D.
~~Medical Attendant~~

Undertaker, Geo Schilling

Place of Business, Aisquith & Monument Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Christian Kehm Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt L Stafford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 2 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 157 Conway St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem Thos. Cotton M. D.

Medical Attendant.

Date of Burial, June 16th

Undertaker, Wm J. Tickner *Address* 146 Hanover

Place of Business, 65 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred. Thuer

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baco.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Home of the Friendless

Cause of Death, { First (Primary,) Convulsions

{ Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 16th 1876

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Ave *Address*

H. G. Harrison, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 127 Gough St

Cause of Death, First (Primary,) Cholera Sporadica

Second (Immediate,) asphyxiation

Duration of Last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 15th 1876

Undertaker, Heughes & Co

Place of Business, 65 S Broadway

John S. Lynch M. D.
Medical Attendant.

Address 194 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, should the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, (c), age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Hook Gelfrick

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.} Male

Age, Years, Three Months, fifteen Days.

Color, White

~~*Married, Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 S. Gallows St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 15th

{*Undertaker,* Jos Doane

{*Place of Business,* 5611 Balto

Wm A Mitage M. D.
Medical Attendant.

Address No 14 S Paca St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10432.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

Date of Death, 13 June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Metzman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Homburg, Havana

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 94 Lombard

Cause of Death, {First (Primary,) Phthisis Glandulosa

{Second (Immediate,) Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, June 15 1876

{*Undertaker,* Chas Rossini

{*Place of Business,* 136 E. Fayette *Address* 248 E. Baltimore

J. Stutzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of Illegitimate children.

[OVER.]

... undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Delia Hooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Eleven *Months,* *Days.*

Color, Blk *Sex,*

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 306 Raborn Street

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14 76

{*Undertaker,* [illegible]

{*Place of Business,* 194 Aisquith st

Chas W Kuff *M. D.*
Medical Attendant.

Address 306 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 113 S. Bethel

Cause of Death, {First (Primary,) / Second (Immediate,)} Bright's Disease of the Kidneys

Duration of Last Sickness, Nine (9) months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 14 76

Undertaker, J. H. & J. Mace

Place of Business 179 S. Howard St.

J. L. Yellowley M. D.
Medical Attendant.

Address 60 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 110435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 125 High

Cause of Death, First (Primary,) Scarlatina?

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 16th

Undertaker, John S Hache

Place of Business, Corner Hache & Camden st

W Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

Date of Death, June 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wilson Boyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 262 E. Balt. St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Weaning it's

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 16/76

Undertaker, Lemmon

Place of Business, 54½ Broadway

G. G. Rusk *M. D.*
Medical Attendant.

Address Balt. & Wash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th June

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Oglehart

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Six *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 175 Townsend St.

Cause of Death, { First (Primary,) diphtheria
Second (Immediate,) " + Anasarca

Duration of Last Sickness, Thirteen days –

All the above information should be furnished by the Physician.

Place of Burial, North Burial ground of the Methodist Episcopal Church

Date of Burial, June 15

Undertaker, C H Blizard

Place of Business, 201 W Pen av

Silas Bacon M. D.
Medical Attendant.

Address 180 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza McDonald

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 234. S. Paca

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 16 1876

Undertaker, James D Byrne

Place of Business, No 63 S. Frank'n

Edwd F. Michelsen M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Carr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 9 ~~Eight~~ *Months,* 00 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 Smith

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Elias Baldwin M. D.

Date of Burial, June 16 1876 Medical Attendant.

Undertaker, Andrew Leeb *Address* 130 Fountain St.

Place of Business, 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 104460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1916 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Gibson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 1410 1312 Dickman St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 16

Undertaker, M A Daiger

Place of Business, 74 S Bond

C. I. Hillman M. D.
Medical Attendant.

Address 1155 Cal Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10451

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus Edmond Jordan Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — — — — *Years,* Eight *Months,* thirteen *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, — — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No. 39 N. Gilmour St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetary

Date of Burial, June 16th 1876

Undertaker, Hughes & Co

Place of Business, 550 Fayette St

J. S. Jordan M. D.
Medical Attendant.

Address 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

Permit No. 10442

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles M. Heath

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 200 Asquith St ~~Baltimore~~ Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 200 Asquith St ~~Baltimore~~ Balto

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ba

Date of Burial,

Undertaker,

Place of Business,

J H Pattison M. D.
Medical Attendant.

Address 23 Franklin

Balto

- *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 10443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 REGISTRAR

Date of Death, June 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm & Edwardina Cole Parents names

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Cole

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cross alley near Park St

Cause of Death, {First (Primary,) Dentition / Second (Immediate,) Cholera Infantum}

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 16 1876

James A Steuart M.D. Medical Attendant

{*Undertaker,* Wm Las Gray / *Place of Business,* Park St} *Address* Commrs of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Johny Berry Alt 185½ Lyon St

[OVER.]

KODAK

Board of Health, City of Baltimore,

10444

Permit No. 10444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1976 BALTIMORE.

Date of Death, June 15 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret E. Stapleton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} *Sex,* Female

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 391 W Lexington

Cause of Death, {First (Primary,) Apoplectic effusion causing Paralysis

{Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral — Thomas Opie, M. D.

Date of Burial, June 16 76 Medical Attendant.

{*Undertaker,* John S Rodmaya

{*Place of Business,* N E Cor Fremont & Monument St — *Address* 396 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 111445

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

Date of Death, June 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Mary Robertson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 246 Gough St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Vomiting

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Northumberland Co. Va.

Date of Burial, June 17th 1876

Undertaker, H. Sanders

Place of Business, Canton Ave. *Address* Balto Md.

J. Glanville Tuck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 470)

[OVER.]

Board of Health, City of Baltimore,

Permit No 10446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

Date of Death, June 15th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche E. Rice.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 124 N Gay St Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 124 N. Gay St " "

Cause of Death, First (Primary,) .....
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 16, 76

Undertaker, J. H. Weaver

Place of Business, Fayette St

Luth M. Hanemann M. D.
Medical Attendant.

Address 138 N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard J. Farley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* & 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. S. Carey

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 16th

Undertaker, Wm. M. Leonard & Son

Place of Business, 182 W. Baltimore st

Edw F. Melhorland M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

Date of Death, June 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Samuel Pembrook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 154 N. Bethel St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, June 16 1876

Undertaker, Samuel H. Chase

Place of Business, 119 Hanover

Samuel C. Donnelle M. D.
Medical Attendant.

Address 292 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11454 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

Date of Death, June 15: 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcellus Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 14 *Days.*

Color, "Colored" *Sex,* boy

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Bull's Line

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Garden St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16 1876

Undertaker, Samuel W. Chase

Place of Business 1 & 3 Hanover East *Address* 220 Linden Ave

D. R. Page M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

Date of Death, June 16th "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Shipley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 239 Pa Ave

Cause of Death, {First (Primary,) Old age
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem. J. H. Keller, *M. D.*
Medical Attendant.

Date of Burial, June 16th 1876

Undertaker, Jacob Weaver

Place of Business, Mount Drum Hill *Address* 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Nusslein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* 20 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 87 N Washington

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 16 th.

P. G. Dausch M. D.
Medical Attendant.

Undertaker, Hendelin Pippel

Place of Business, S. Bond st. 131

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10452,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabett Kerker

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 32 S. Regester

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 16th.

Undertaker, Hendrick Dysart

Place of Business, S. Bond St. 151

C. G. Daurel M. D.
Medical Attendant.

Address 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Bibbins

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 6 *Months,* ——— *Days.*

Color, W

Married, Single, ~~Widow or Widower~~? { Cross out the words not required in this line. } S

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 67 Druid Hill Ave

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 67 Druid Hill Ave

Cause of Death { First (Primary,) Chole Infan

{ Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem

Date of Burial, June 16th

Undertaker, Chas Schilling

Place of Business, 72 Penn Ave *Address* 183 Baltimore St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

Date of Death, June 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Elizabeth Shaw.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 N. Dallas St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) 7 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1876

Undertaker, Wm. Ch. Dwyer

Place of Business, 10 1/2 East Street

E. B. Gross M. D.
Medical Attendant.

Address 197 Baker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Cornelius Wildeman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* Ten *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Six M0 & ten days

Place of Death, {Give street and number.} 405 Franklin St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, June 16 th

Undertaker, C. T. Powles

Place of Business, Baltimore st

Elias C. Price M. D.
Medical Attendant.

Address 767 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ase of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Leolyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored *Sex,* .....

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 162 Stirling St

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} 162 Stirling St

Cause of Death, First (Primary,) Enteroleolitis

Second (Immediate,) Inanition

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery Greenmount

Date of Burial, June 17

Undertaker, William P Burger

Place of Business, 104 East St

E. Jeff. Walls M. D.

Medical Attendant.

Address 181 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dolena Waymen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 136 Orchard Street

Cause of Death, {First (Primary,) Inflametion of Brain
Second (Immediate.) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th in 1876

Undertaker, Wm H. Lange

Place of Business, 110 & 112 East St.

A Darling M. D.
Medical Attendant.

Address 143 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

Date of Death, 14th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence A. Foster

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 246 N Durham St

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1876

Undertaker, Wm H. Duncan

Place of Business, 110 104 East St.

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...is Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 101459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, : *Years,* 7 *Months,* *Days.*

Color, b *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti Md

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number.} No 236 N Chappel St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, abt one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1876

Undertaker, J. H. & L. Lange

Place of Business, No 104 East St.

Dr. Alex. Wright *M. D.*
Medical Attendant.

Address 84 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Alexander Brühl.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 15 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 426 W. Fayette Str.

Cause of Death, First (Primary,) Hydrocephalus chronicus.

Second (Immediate,) Spasmi a dentitione.

Duration of ~~Last~~ Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 16

Robert Smith M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Baltimore St *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10461

The Physician who [illegible] out, to the Undertaker or [illegible] sooner, if requested so to do, under [illegible] hours [illegible] filled [illegible]ised, or

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFI[illegible]

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Palmer

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, BLK

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 378 Eutaw Place

Cause of Death, {First (Primary,) Natural Causes / Second (Immediate,) Unknown}

Duration of Last Sickness, — Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16 1876

Undertaker, Wm Gray

Place of Business, 15 Mulberry St

Geo A. Ogle M. D.
Coroner

Address ~~Coroners office~~ ~~Police~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of [illegible] Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Albert Trimble

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 2 *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 yrs 2 ds

Place of Death, {Give street and number.} 246 S. Exeter

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Sickly from birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 16 1876

Undertaker, John Mackin

Place of Business, No 151 Lombard

Louis M Eastman M. D.
Medical Attendant.

Address 349 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12. 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Frances Imbo

~~*Sex, Male or Female,*~~ { ~~Cross out the word not~~ required in this line. }

Age, — *Years,* 10 *Months,* — *Days.*

Color, White *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { ~~Cross out the words not~~ required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, { Give street and number. } 246 S Sulan

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) }

Duration of Last Sickness, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery R M Eichman *M. D.*

Date of Burial, June 16th 1876 Medical Attendant.

Undertaker, John S Mackey

Place of Business, No 150 Camden *Address* 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Toms

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, House Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 17 Stockholm

Cause of Death, First (Primary,)

Second (Immediate,) Puerperal Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, June 16th 1876

Undertaker, John E Bastian

Place of Business, No 150 Camden

Theodore Croft M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Levy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 16 ***Days.***

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 Months 16 Days

Place of Death, {Give street and number.} No 294 W Pratt st

Cause of Death, {First (Primary,) Cholera Infant

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery J H Emmey M. D.

Date of Burial, June 16th 1875 Medical Attendant.

{*Undertaker,* John L Mackie *Address* 76 St Paul

{*Place of Business,* No 150 Camden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

[illegible] And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty [illegible]n who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish [illegible]ht hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate [illegible]ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bundy Newman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 159 S Paca St

Cause of Death, {First (Primary,) Cholera Infant. Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Odd Fellows Cem. *Date of Burial,* June 16th 1876

Undertaker, John S Thacher *Place of Business,* No 150 Camden st *Address* 76 S Paca St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ow and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June, 15 — 1876 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Wates —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — 3 — *Months,* — 15 — *Days.*

Color, — Col'd — *Sex,* — Male —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Stockton Alley near Laurale Le

Cause of Death, {First (Primary,) / Second (Immediate,)} — Cholera Infantum —

Duration of Last Sickness, — 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16. 1876

Undertaker, John C Gordon

Place of Business, 63 Park Ave

W. A. B. Sellman M. D.
Medical Attendant.

Address Laurale & Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10468.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

Date of Death, June 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christinia Jenfling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 274 S. Broadway

Cause of Death, First (Primary,) Fatal Dropsy

Second (Immediate,) Exhaustion

Duration of Last Sickness, January last.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, June 17th 1876

Undertaker, H. Foecklich

Place of Business, 246 Eastern Av

James E. Donnelle M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 10469.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Behan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 89 E. Fountain

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 17 76

Undertaker, Michael Funk

Place of Business, No. 33 Bank

W. A. Duhme M. D.
Medical Attendant.

Address 89 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Harkness

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 15 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 232 Pierce St.

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Louis D. Knight M. D.

Medical Attendant.

Date of Burial, June 18th 1876

Undertaker, Jacob Weaver

Place of Business, 164 & 166 Druid Hill Avenue *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rund

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} A. A. Co Md

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 22 Chesnut alley

Cause of Death, {First (Primary.) artificial nursing / Second (Immediate,) convulsions

Duration of Last Sickness, — sudden death

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn A. A. Co.

Date of Burial, June 16 1876

James L Kenealy M.D.
Medical Attendant

{*Undertaker,* Julius Kochler
Place of Business, ———

Address Commis of Health
to Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Geo Rund Father

[OVER.]

...ferring to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10,172

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th June 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Hacker.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 28 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 478 E. Baltimore St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera infantum.

Duration of Last Sickness, twenty four hours.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 17 at 10 clock

Robert J Anthon. M. D.
Medical Attendant.

{*Undertaker,* Richard Hall
{*Place of Business,* 233 E Balto st *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles Pitt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 Years, 10 Months, 14 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} No 518 W. Lexington St. Back. Md.

Cause of Death, {First (Primary,) / Second (Immediate,)} Softening of the Brain

Duration of Last Sickness, About 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday June 18th Lemuel H. Wroble M. D. Medical Attendant.

Undertaker, John H. Weaver

Place of Business, No 22. West Fayette St. *Address* No 203 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...especially invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 114774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Boyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick. Md

Duration of Residence in the City of Baltimore, Abrut 18 Years

Place of Death, {Give street and number.} 5. North Carey St

Cause of Death, {First (Primary,) Ty phoid Fever

Second (Immediate,) about one Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, Sunday June 18th 1876

C R Mc Sherry M. D.
Medical Attendant

{*Undertaker,* John. H. Weaver

Place of Business, 22. W. Fayette St *Address* 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

Date of Death, June 16. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Rutledge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 3 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Sea Captain.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil County, Maryland

Duration of Residence in the City of Baltimore, about 53 years

Place of Death, {Give street and number.} 308, Lexington Street

Cause of Death, First (Primary,) died from Natural

Second (Immediate,) Typhoid fever

Duration of Last Sickness, about three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green-Mount Cem'y

Date of Burial, Sunday June 18th 1876.

Wm. H. Stokes M. D.
Medical Attendant.

Undertaker, John. H. Weaver

Place of Business, 22 N. Fayette St *Address* 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

Date of Death, June 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cadius B Mason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Twenty-two *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 17 Hamilton St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Biddle & Co Battle Monument

Cause of Death, First (Primary,) .....

Second (Immediate,) Debility

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1876

Undertaker, Wm H Bickel Jr

Place of Business, 100 Dauphin Ave

D L Rowe M. D.
Medical Attendant.

Address 49 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Sauer,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 51 S. Requelle St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 17th

Undertaker, Henry Brice

Place of Business, Hanover St 81

Wm H. Cheadle M. D.
Medical Attendant.

Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y F I

...ATTENTION is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Hilldrup.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 62 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single, Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 190 E Dayette

Cause of Death, {First (Primary,) Pneumonia 2 days.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cem

Date of Burial, June 18 1876

Undertaker, John T Rodenmyer

Place of Business, W Cor Fremont and Monument St

Louis McHenry M. D.
Medical Attendant.

Address 133 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

...numbers as below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Elizabeth Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 10 *Days.*

Color, White ~~Sex,~~

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 88 Centre St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W. W. Owings M. D.

Medical Attendant.

Date of Burial, June 17th 1876

Undertaker, Jacob Heaver

Place of Business, No 46 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. B Gregory

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 40 *Years,* 2 *Months,* 16 *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Over 40 years

Place of Death, {Give street and number.} 98 Hollins Street Baltimore City

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician

Place of Burial, Greenmount C.

Date of Burial, June 18

Undertaker, J. B. Blackistonson

Place of Business, 606 Balt St

Geo. Hemminger M. D.
Medical Attendant.

Address 223 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Strunskey

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* Six Months *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, his Month

Place of Death, {Give street and number.} 945 N. Pratt St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 18/76

Undertaker, Jno P Powers

Place of Business, 66 Fred'k av

J. E. Lutkemeier M. D.
Medical Attendant.

Address 584 W. Hazelle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...INTENDED TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Sofia Magdalena Ziegler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, 2 Weeks ~~Days~~.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1 Essex St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician

Place of Burial, Emanuel Cemetery

Date of Burial, June 17th 1876

Undertaker, H. Froehlich

Place of Business, 246 Eastern Ave

James E. Donnelly M. D
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th June 1876. 10 o'clock evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mine Reinecke

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Canton Avenue 340.

Cause of Death, {First (Primary,) Second (Immediate,)} Meningitis cerebro spinale's inflamat'y

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, June 18th 1876

Undertaker, George Frechlich

Place of Business, 339 Canton Av

William Heuck M. D.
Medical Attendant.

Address S. Wolfe & Fr. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Albert Wright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years.~~ 7 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration ~~of Residence~~ in the City of Baltimore,

Place of Death, {Give street and number.} No 26 Wagoner Ct

Cause of Death, {First (Primary,) Meningitis
Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 18th 1876

Undertaker, Charles F Herold

Place of Business, 161 Hanover

A. L. Spain *M. D.*
Medical Attendant.

Address 37 N. Limard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 102485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha J. Bode

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 28 Hamburg St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18th 1876

Undertaker, Ambrose Denny

Place of Business, 263 Light

L. A. Bell M. D.
Medical Attendant.

Address 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecially invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Watson Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 17 *Days.*

Color, ~~Scotch~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 28 Camden St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, June 17 1876

{~~Undertaker~~, John G. Robinson

Place of Business, 28 Camden St

R. G. Lee M. D.
Medical Attendant.

N. W.

Address Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit - 472)

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Evans

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} East Monument St near Gist St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, June 17 1876

Undertaker, H. Hoeck

Place of Business, 309 N. Central Ave

James H. Steuart M.D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the time and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie Garrigan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 7 *Months,* 19 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life time

Place of Death, {Give street and number.} 193 S Dallis St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, About 36 Hours

All the above information should be furnished by the Physician

Place of Burial, Mt Vincent Cem

Date of Burial, June 17 76

Undertaker, Chas Wm Dipple

Place of Business, 1 Bond St 151

D Webster Cottrell M. D.
Medical Attendant.

Address 41 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10489

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Joseph Hergel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 98. S. Wolfe st.

Cause of Death, First (Primary,) Tuberculer meningitis

Second (Immediate,) ____

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens R.C. C. Dausch M. D.

Medical Attendant.

Date of Burial, June 18 84

Undertaker, Wm Cline Dispsd *Address* 97. N. Broadway

Place of Business, S Broad st 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Medcalf

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 6 *Months,* ——— *Days.*

Color, white

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 277 N. Front St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, June 17 1876

S. F. Coppuck M.D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Asquith & Front *Address* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T Becker

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, *Years,* 2 *Months,* (2 weeks) 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 66 Druid Hill Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Druid Hill Avenue

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn J W Knight M. D.

Date of Burial, June 19th Medical Attendant.

Undertaker, Geo A. Billing

Place of Business, 70 Penn Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111492.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

Date of Death, June 15th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Flaherty

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland ni h. 57 Years

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, { Give street and number. } 48 Albemarle St

Cause of Death, { First (Primary,) Gastro-Enteritis
Second (Immediate,)

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 17 1876

{ *Undertaker,* James D Byrne
Place of Business, No 63 W Fromt St

Chas. M. Mayer M. D.
Medical Attendant.

Address 84 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Watts

Sex, ~~Male or~~ Female, {~~Cross out the word not~~ required in this line.}

Age, 60 *Years,* ——— *Months,* ——— *Days.*

Color, Blk *Sex,* female

Married, ~~Single, Widow or Widower,~~ {~~Cross out the words not~~ required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number.} 15 Knott St

Cause of Death, {First (Primary,) Paralysis / Second (Immediate,)

Duration of Last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Lud W. Bauman M. D.

Date of Burial, June 18th 1876 Medical Attendant.

{*Undertaker,* James P Byrne *Address* 349 Lexington

{*Place of Business,* No 63 ½ Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Flaherty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Two *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} No 1 Clarkson alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 18 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

A R Pleasants M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENDING is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Macker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 23 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 316 W Fayette St

Cause of Death, {First (Primary,) Cholera Infant

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 18th 1876

Undertaker, John L Macker

Place of Business, No 150 Lemmon st

A Hewey *M. D.*
Medical Attendant.

Address 76 Stocks St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph McGinnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 16 St. Marys St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 St. Marys St

Cause of Death, First (Primary,) Phthisis Pulmonum

Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Buried, St. Peters cemetery W. T. Howard M. D.

Date of Buried, June 18 1876 Medical Attendant.

Undertaker, Charles F. Herbert *Address*

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1 A.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Benjamin Lange

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 3 Weeks ~~Days~~.

Color, ~~Weeks~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 154 S. Wolf St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, June 18th 1876

Undertaker, H & H Gibmeyer

Place of Business, 341 Canton Ave.

James E. Linville M. D.
Medical Attendant.

Address 999 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876 11 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Freddy Frey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 24 Burke St.

Cause of Death, First (Primary,) Eclampsia

Second (Immediate,) ____

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 18th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 311 Canton Ave.

James E. Donnelle M. D.
Medical Attendant.

Address 2996 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} D. D. Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 99 Amity St

Cause of Death, {First (Primary,) Cholera Infant

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18th 1876

Undertaker, Jos Lowe

Place of Business, 568 W. Balto St *Address* 76 S Paca St

A. Hanly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *wenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew Ouill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} No 191 E. Bethel St

Cause of Death, First (Primary.) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 18th day of June 1876

Undertaker, Francis Cramer

Place of Business 217 Caroline

Wm. H. Clendinen, M. D.
Medical Attendant.

Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19501 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Fink

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 9 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hamburg St. No. 333.

Cause of Death, {First (Primary.) / Second (Immediate,)} Cholera Infantum / Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 16th 3 o'clock P.M.

Undertaker, J. Markhaus

Place of Business, 401 Pratt St. No. 375

D. L. Buddemeier M. D.
Medical Attendant.

Address 166 S. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10502

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Rosalie Mack

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, / *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 17 Lemmon St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, June 17th

Undertaker, J. Blackiston & Son

Place of Business, 110 W. Balt. St.

W. H. Keyser *M. D.*
Medical Attendant.

Address 17 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10503

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10503 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ina Francis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 446 Mulberry St

Cause of Death, First (Primary,) Dyphtheria

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, June 18th/76.

Undertaker, John H. Weaver.

Place of Business, 32 W. Fayette St. *Address*

Jno R Quinan *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

No. 10504

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Allen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* — *Months,* — *Days.*

Color, ~~Sam~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 5 Clark ally

Cause of Death, First (Primary,) Consumption

Second (Immediate,) 8 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Shiloh Cemetary

Date of Burial, June 18th 1876

Undertaker, John Harris

Place of Business, No 103 Lee St

R C Lee M. D.
Medical Attendant.

Address Hanover Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(1) make out ... Full Penalty for Burials 10575

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10575 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 1 *Months,* ~ *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Peach alley

Cause of Death, {First (Primary,) Chol Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Sharpt St Cem

Date of Burial, June 17 1876

Undertaker, Jacob Davis

Place of Business, Lee St

James H Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information given by Undertaker

[OVER.]

No. 10506

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Seely

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 3/4 *Months,* *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto 4ud

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 230 Preston St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) 1 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltic Cemetery

Date of Burial, June 18 1876

Undertaker, Henry Thuer

Place of Business, 16 North Howard St

Thos. F. Latimer M. D.

Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10507

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible] Daniel [illegible] 16. 1876

Full Name of Deceased, {Write full name and spell correctly. If an infant not named, give names of parents.} George Arthur [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Nine *Months,* ____ *Days.*

Color, cd *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No. 186 Raborn Street

Cause of Death, First (Primary,) From what I could learn, was.

Second (Immediate,) Cholera Infantum, as I did not attend child

Duration of Last Sickness, Twenty four hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 18th 1876

Chas. M. Neff *M. D.*
Medical Attendant.

Undertaker, Wm H Birkhead Jr

Place of Business, 100 Druid Lane *Address* 306 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10508

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10508.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17. 8:30 a m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rivers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* two *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wurster. Mass.

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} 11. Holiday Str

Cause of Death, First (Primary,) Convulsion

Second (Immediate,)

Duration of Last Sickness, One hour.

All the above information should be furnished by the Physician.

Place of Burial, June 18th 4 oclock

Date of Burial, Sweet Home

John D. Fitzer M. D.
Medical Attendant.

Undertaker, Corner & Hurst

Place of Business, 1100 [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

10509

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10509

The Physician who attended any person in a last illness is responsible for the presentation of this ~~Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Affey White

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* ~~*Months,*~~ *Days.*

Color, ed

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 173 S. Dallas St

Cause of Death, {First (Primary,) Old Age

{Second (Immediate,) " "

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th 1876

{*Undertaker,* John W. Locke

{*Place of Business,* Wolf St

James A Steuart M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10570

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and [illegible] on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Jacob H Behrens.

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 1 *Years,* 6 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 57 Clinton.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 17 1876

Undertaker, Chas Rossing

Place of Business, 136 E Fayette

Address

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10511

The Special Attention of Physicians is respectfully invited to the [illegible] eases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha Thomas

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, [illegible] *Years,* 10 *Months,* [illegible] *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} China Strait do 46

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 13 Montgomery St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Four Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. B. Ground

Date of Burial, June 17th 76

J. T. Stuly M. D.
Medical Attendant.

Undertaker, S. Ellenwood & Son

Place of Business, 725 Balto. West Address 200 South Eut, St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M ■

No. 10512

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10,512

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J Howard Thomas

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 15 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, over eight years.

Place of Death, {Give street and number.} No 22 N. Schroder st.

Cause of Death, First (Primary,) Cerebral Haem.

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18th 1876

J H Culp M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son

Place of Business, Baltimore St near Eutaw Address 4 N Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

10513

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10513.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ___ *Years,* 5 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 38 N Bond St

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balt.o Cemetery

Date of Burial, June 19 1896

Undertaker, Jno. Hoffman

Place of Business, 63 W. Lexington St

James A Steuart M. D.
Medical Attendant.

Address Comm.r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

information from father

[OVER.]

KODAK

No. 10511

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John William Hurst

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, ____ *Years,* 10 *Months,* 19 *Days.*

Color, white, *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 350 Easton, Str N. E. Corn. Castle

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ____

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cimetery

Date of Burial, June 18th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av,

P. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

10515

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Stallings

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 104 St Peters St.

Cause of Death, First (Primary,) ____ Second (Immediate,) Cardiac Asthenia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18th 1876

Undertaker, John S Thacher

Place of Business, No 150 Camden

A H Cuney *M. D.*
Medical Attendant.

Address 76 L Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10516

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10516

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nightman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, All his days

Place of Death, {Give street and number.} At Screw dock. foot of S. Caroline St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Drowning. —

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Paul Burial

Date of Burial, 18 June

Undertaker, W. Beck

Place of Business, 252 Thames St.

D. C. Ireland M. D.
Medical Attendant.

Coroners Office
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ritterich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 29 Bradford Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Collapse

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, 18 June

Undertaker, A Bair

Place of Business, 222 Aliceanna

Wm F. H. Shaw M. D.
Medical Attendant.

Address 257 Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10,578

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,578

The Pbysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 16 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 152 S. Carolina St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ...

Duration of Last Sickness, four days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemtry

Date of Burial, June 19th 1876

Undertaker, H. Frocklich

Place of Business, 246 Eastern Av

C Edward Miller M. D.
Medical Attendant.

Address 143 S Bro...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Kunigunda Winkle

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} Belair Avenue

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ____

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Lo Cemetery P. E. Davis M. D.

Date of Burial, June 18 1876 Medical Attendant.

Undertaker, Henry Flook

Place of Business, 29 Central Ave Address 29 St. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Boiles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 109 Harrison st

Cause of Death, First (Primary,) .....
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, Od. Fs. Belair Road

Date of Burial, June 18 1896

Geo C Pile Coroner M. D.
Medical Attendant.

Undertaker, I I Hamuth

Place of Business, Cor Fayette & Howard Sts *Address* Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10521.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Hale

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Low 21 No 35

Cause of Death, First (Primary,) Unnatural feeding no Breast Milk

Second (Immediate,) Diarhea

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, June 18th 76

Undertaker, William A. Duncan

Place of Business, 104 East St.

Eli Baldwin M. D.
Medical Attendant.

Address No Exeter 124

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 18 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Lahnow

Sex, ~~Male,~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 14 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut 84

Cause of Death, {First (Primary,) Scrofula; Second (Immediate,) Diarhae}

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Loyal Cemetery

Date of Burial, June 18th 1876

Undertaker, Wm. A. Lamb

Place of Business, 12 W. Fayette St

E. L. Baldwin M. D.
Medical Attendant.

Address 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth R. Demmer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 115 Leadenhall St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Loudenpark. Cem

Date of Burial, June 18th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts

R. M. Hall M. D.
Medical Attendant.

Address 266 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1876 BALTIMORE.

Date of Death, 17 June 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenna Eva V. Lipsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* / *Months,* 20 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 146 N. Gilmor St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 146 N. Gilmor

Cause of Death, First (Primary,) ———

Second (Immediate,) Unknown

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Batto cemetery

Date of Burial, June 18th 1876

Undertaker, Jas Lowe

Place of Business, 178 N. Bond st

John Hood M. D.
Medical Attendant.

Address 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10,525 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Mary Starr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 73 Dover St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pattapsco

Date of Burial, June 18 1876

Undertaker, W W Perry

Place of Business, W Pratt St

Jonas Slemm M. D.
Physician.

Address Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

information from Mother

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10526.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Kinsella

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Forty Six *Years,* Four *Months,* Twenty three *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Clare Ireland

Duration of Residence in the City of Baltimore, Twenty seven years

Place of Death, {Give street and number.} N 15 E. Monument St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 18 1876

{*Undertaker,* James P Byrne / *Place of Business,* N° 63 N. Front St} *Address*

F. J. Kratz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos H. Collins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* Nine *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 Years 7 Months

Place of Death, {Give street and number.} # 23 Franklin St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Rheumatism of Heart & Congestion of Lungs

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonna Bra

Date of Burial, June 18th 1876

Undertaker, Peter Kunimert

Place of Business, # Mulberry 317

J. G. Kuthcum M. D.
Medical Attendant.

Address # 084 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10528 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Williamena Wenzel

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Clay St.

Cause of Death, {First (Primary,) Diarrhoea

Second (Immediate,) Enteritis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, Sunday June 18th 1876

Undertaker, Edward Grafe

Place of Business, 47 Clay St Address 137 W Fayette St.

D Politowawitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hofstetter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Old *Years,* two *Months,* —— *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number.} 207 Mulligan Street

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20 1876

{ *Undertaker,* W H Dunger
Place of Business,

F. M. Bird M. D.
Medical Attendant.

Address Uni - Hospital -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~June July~~ 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Wood Lambert.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 17 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 116 William St.

Cause of Death, First (Primary,)

Second (Immediate,) Acute Enteritis

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 19th

Undertaker, Frantz & Denz

Place of Business, 263 Light

R. J. H. Tall M. D.
Medical Attendant.

Address 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida F. Wright -

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 203. E. Madison St -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 203. E. Madison St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery B. F. Miller M. D.

Medical Attendant.

Date of Burial, June 20th

Undertaker, Geo. Schilling

Place of Business, cor Risgwith & Monument st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10532,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt L. Camden

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U. States

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 42 N. Fremont st

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 19th 1876

Undertaker, John S Thacher

Place of Business, No 150 Camden st

P. W. Hilleary M. D.
Medical Attendant.

Address 42 N Fremont st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended, during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11533.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilieby White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number.} 58 E. Fayette St.

Cause of Death, First (Primary,) Cerebral Softening

Second (Immediate,) Paralysis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 19th 1876

Undertaker, Thos J Hughes

Place of Business, 60 East Balto *Address* 186 Aisquith St.

H. T. Knudels M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 85 S. Chester St.

Cause of Death, First (Primary.) Cholera Morbus

Second (Immediate,) Collapse

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemet.

Date of Burial, June 19th 76

Undertaker, Thos J. Hughes

Place of Business, 60 East Balto

Thos J. Shaw M. D.
Medical Attendant.

Address 254 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs: Ellen Davis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give street and number.} 36 Pierce st

Cause of Death, First (Primary,) Cancer, Omentum

Second (Immediate,) Exhaustion

Duration of Last Sickness, I have attended her for about 6 weeks, was sick previous

All the above information should be furnished by the Physician.

Place of Burial, Mount Gilboa Balt Co. Md.

Date of Burial, June 20th 1876

Undertaker, Wm J Gray

Place of Business, 63 Mosher st

W B Griffith M. D.

Medical Attendant.

Address 117 W: Madison st:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Turan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 148, Dover Street

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera infant.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 20th

Undertaker, Henry Brill

Place of Business, Henrietta St 81

Morris Stein M. D.
Medical Attendant.

Address 249 Fayette Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11537 Duplicate.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Minna Beck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} F

Age, One *Years,* *Months,* *Days.*

Color, White *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} D C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} BC 243. Argyle Avenue.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Druid hill park Cemetery

Date of Burial, June 19th 1876

C. A. Chancellor M. D.
Medical Attendant.

{*Undertaker,* Adam Weidemeyer
Place of Business, 518½ W. Baltimore Str.

Address Lanvale & Argyle Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11538.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt H. Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11. *Months,* 20 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 5 Clarkson alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19 1876

Undertaker, Charles Ross

Place of Business, 180 West street

Thos Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa R. Quinn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Son,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 272 Linden Ave.

Cause of Death, First (Primary,) ———

Second (Immediate,) Organic Disease of Heart.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 19th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

W. W. Quinn M. D.
Medical Attendant.

Address 166 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 105749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876

Date of Death, June 17th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary B. Husband

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* 8 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 383 N. Howard St.

Cause of Death, { First (Primary,) Softening of the Brain

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, 20th June

Undertaker, H. J. McJenkin & Son

Place of Business, 16 Light St

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 110741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

Date of Death, June 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas H. Paine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 9 *Months,* 12 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 307 Hanover

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 19 76

Undertaker, Samuel W. Chase

Place of Business, 195 S. Howard St

H. M. Dodge M. D.
Medical Attendant.

Address 201 Main St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Bult June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecily Lockes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy Six *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co, Maryland

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} No 231 Baltimore St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Apoplectic Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 19, 16

Undertaker, Samuel W. Chase

Place of Business, 1825 Howard st

C. D. Lee *M. D.*
Medical Attendant.

Address No 146 Hill St
East End

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 116243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

Date of Death, Sunday June 18. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Nelson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 63 *Years,* 9 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sandy Spring Montgomery Co

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and number.} 49 St. Mary St

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 19. 76

Undertaker, Samuel W. Chase

Place of Business, 178 S Howard

Reed W. Eastman M. D.
Medical Attendant.

Address 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10344

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna R. Owings

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 245 E Hughes

Cause of Death, First (Primary,)

Second (Immediate,) Inanition

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19. 1876

Undertaker, Samuel McGhee

Place of Business, 18 S Howard St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10345

...sicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Popplein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Three *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canton Madison Ave & Baltimore St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Corner Madison Ave & Baltimore St

Cause of Death, First (Primary,) .....

Second (Immediate,) Icterus Neonatorum

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 19th 1876

F. Whitney M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 1046 Druid Hill Avenue *Address* 1116 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 10546

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Lee Kierny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 Months, 15 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 662 Pratt St

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum, 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 19th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts

H. L. Spear M. D.
Medical Attendant.

Address 376 W. Lomb. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* ~~Days.~~

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Rear of 162 East St

Cause of Death, {First (Primary,) Dentition, Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M.D.

Date of Burial, June 19 1876 Medical Attendant

Undertaker, W. W. Dungee *Address* Commissioners Health & Registrar

Place of Business, East Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by, Handy Coleman, friend

SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

Date of Death, 17th June, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Fink

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 461 Broadway

Cause of Death, {First (Primary.) Typhus exanthematicus (Typhoid fever)
Second (Immediate,) Gangraena, Marasmus

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, St Mathaus Cemetery

Date of Burial, June 19th

Undertaker, Leonhard Kurz

Place of Business, S Bondstreet No 277.

J. Cathrich M. D.
Medical Attendant.

Address 245 E. Pratt Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10574 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alverta Wilson.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 18 *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Wind St.

Cause of Death, {First (Primary,) Cholera Infantum,
Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetry

Date of Burial, June 19th 1876

Undertaker, William L Gray

Place of Business, 65 Mulberry St.

John. I. A. Kroh M. D
" " Medical Attendant.

Address City,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10330

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10330 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Richardson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~3~~ *Years,* 3 *Months,* — *Days.*

Color, Bell *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 27 Larue alley

Cause of Death, {First (Primary,) cholera Infantum / Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery — A L Tannyhill M. D.

Date of Burial, June 19th 1876 — Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St — *Address* 1290 Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10537

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10537.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morgan Brown Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Not Selected

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 18 N Stricker St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis

Date of Burial, June 20, 1876

Undertaker, J. B. Lackland & Son

Place of Business, 606 Bath St

Geo. Davis M. D.
Medical Attendant.

Address 530 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 474)

No. 10332

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maria Wemberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 7 Lodge Alley

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ____

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 19th 1876

Undertaker, John Meeth

Place of Business, Republican St *Address* 95 S. Sharp St.

H. Albers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10553

...invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10553.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Likudy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 N. Chesnut St.

Cause of Death, { First (Primary,) Pulmonis Nascentium,
Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 21 day of June

G. L. Le Compte M. D.
Medical Attendant.

Undertaker, Charles Rossing

Place of Business, 136 E. Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Whitman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ct.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 234 N. Donath St

Cause of Death, First (Primary,) Valvular disease of heart

Second (Immediate,) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cem

Date of Burial, June 19 – 1876

Undertaker, John J Rodenmayer *Address*

Place of Business, N E Cor Fremont Ave & Monument St

J A Warner *M. D.*
Medical Attendant.

256 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10336

THE SPECIAL ATTENTION OF PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 6 weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 24 hours.

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Hydrocephaloid Convulsions.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Catholic Cemetery

Date of Burial, June 20. 1876

Undertaker, Saml Brown

Place of Business, 156 Division St.

Anthony Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10536

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18 June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} St. V. I. Asylum

Cause of Death, First (Primary,) Epilepsy Atrophy When received

Second (Immediate,) Spasms

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, June 19, 1876

Undertaker Saml Bowers

Place of Business, 156 Division St

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10537

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. No. 10537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Stockholm St. No. 29

Cause of Death, First (Primary,) Acute Phthisis

Second (Immediate,)

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 19th 1876

Undertaker, Ph. S. Dill

Place of Business, 183 Columbia av

Osburn & Hopkins M. D.

Medical Attendant.

Address 231 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10538

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

Date of Death, 18 June 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 174 Chesnut St

Cause of Death, {First (Primary,) Chronic Intestinal

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician

Place of Burial, St Vincents

Date of Burial, June 19th 1876

Undertaker, Wm. H. Holmes

Place of Business, 23 for. Say St.

Jno B. Shuman
Medical Attendant.

Address 130 h Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10539

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward Downey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} 157 E. Biddle

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician

Place of Burial, Holy cross Cemetery

Date of Burial, June 19 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Geo. W Reynolds M. D.
Medical Attendant.

Address 94 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kinkaid

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 48 Penna. Ave, Balto.

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 48 Penna. Ave.

Cause of Death, First (Primary,) Spina Bifida.

Second (Immediate,) " "

Duration of Last Sickness, 3 days "

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 18th 1876.

H. H. Letterlough *M. D.*
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 410 Druid ave. *Address* 37 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18 73 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Pan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 172 Canton Ave

Cause of Death, First (Primary,) Valvular Heart disease

Second (Immediate,) Dropsy

Duration of Last Sickness, ~~Dropsy~~ 7 January 1st.

All the above information should be furnished by the Physician

Place of Burial, Mount Command Cem.

Date of Burial, June 21 st.

Undertaker, Jas. E. Daniels

Place of Business, 151 S. Bond St.

James E. Daniels M. D.
Medical Attendant.

Address 299 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10562

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie King

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 8 *Months,* 28 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Md.

Duration of Residence in the City of Baltimore, twenty years

Place of Death, {Give street and number.} 134 S. Dallas St

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cemetery

Date of Burial, June 19th.

R. W. Mansfield M. D.
Medical Attendant.
per A. F. Ebich.

Undertaker, Rendelin Dippel

Place of Business, S. Bond St. 131 Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE. No. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

Date of Death, June 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 262 Mulberry St

Cause of Death, {First (Primary.) Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetary

Date of Burial, June 19th 1876

Undertaker, Hughes & Co

Place of Business, 830 Fayette St

L. E. Lewis M. D.
Medical Attendant.

Address 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10564

...directed to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Morris B. Slaughter

~~*Sex*~~, *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, one *Years,* seven *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number. } No 7 E. N. Washington St

Cause of Death, { First (Primary,) Teething / Second (Immediate,) Convulsions

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, June 19th 1876

Edwin W. Gorden M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address* 166 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Webb

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line,}

Age, ——— *Years,* Four *Months,* ——— *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} North Durham St. No 15

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 19 1876

Undertaker, Wm A. Lovejoy

Place of Business, No 14 East St.

A. B. Lyman M. D.
Medical Attendant.

Address 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on Back of this Certificate.

...oard of Health, City of Baltimore,

Permit No. 10566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 8 *Months,* ~~—~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Duncans alley

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Chgl Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem'y

Date of Burial, June 19 1876

Undertaker, John W. Locks

Place of Business, 1— Wolf St

James A Steuart M.D.

Address Comm'rs of Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Emily Jane Brown mother

[OVER.]

No. 10567

...particularly invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lavinia Robinson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~5 Mo's~~ *Years,* 5 *Months,* *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 111 Brown alley.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Israel Cimetery

Date of Burial, June 20 th.

Undertaker, Wm Schilling

Place of Business, 72 Pennsylvania Ave

W. Th. Antrim M. D.
Medical Attendant.

Address Cor Pearl & George St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Cornelia Walker

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} ~~White~~ Female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White *Sex,* ~~Male~~ Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91 35 S Stricker St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Tabes Mesenterica

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 20th of June

{*Undertaker,* Wm. H. Leonard & son
{*Place of Business,* 182 W. Baltimore St

Wm. D. F. Lankin M. D.
Medical Attendant.

Address No 648 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

Permit No. 10569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

Date of Death, June 19th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith V. Ray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Seven Months, Twenty Five Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 245 N. Bond St.

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20, 1876

Undertaker, Wm Fry

Place of Business, No 72 E. Baltimore

Wm H. Henderson, M. D.
Medical Attendant.

Address 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...marks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida G. E. Neilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 8. *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow, or Widower, {Cross out the words not required in this line.} ____

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 32 Sharon

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 32 S Sharon Extended

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,) ____

Duration of Last Sickness, about 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 20 1876

Undertaker, W. J. Conrad

Place of Business, 31 Park Av.

E. C. Smith M. D.
Medical Attendant.

Address 32 S Sharon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 10571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena E Thompson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~Duration of Residence in the City of~~ Baltimore,

Place of Death, {Give street and number.} 101 Amity St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Spasms

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 17/76

Undertaker, Charles F Herold

Place of Business, 161 Hanover St

H. L. Bevan M. D.
Medical Attendant.

Address 375 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

Permit No. 11572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adele Welch Emery

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* One *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 354 Linden Avenue

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 21st June 76

Undertaker, H. J. W. Jenkins & Son

Place of Business, 16 Light St *Address*

A. T. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gamooth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 136 Ridgeley St

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 20th 1876

Undertaker, John S Martin

Place of Business, No 15 Calender

L. C. Bruch **M. D.**

Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Deaths below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

Permit No. 10574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry W. Walters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Pattern Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 38 S. Gilmor St.

Cause of Death, First (Primary,) Meningitis, Intercular

Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, June 21 1876

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Bath St *Address* 558 W. Fayette St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...peculiarly invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

Permit No. 10575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Warner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 19 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 67 Scott St

Cause of Death, First (Primary,) Complication of Pneumonia

Second (Immediate,) with Gastro Intestinal Irritation

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 20/76

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St *Address*

D. P. Hodgen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1976 BALTIMORE

Permit No. 10576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 20 1976 BALTIMORE

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johan Henry Berger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} 296 Aisquith St.

Cause of Death, First (Primary,) Tubercular Meningitis.

Second (Immediate,) ____

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemty.

Date of Burial, 20th June

Undertaker, Wm. Nicolaus

Place of Business, 253 Aisquith St. *Address* 2[illegible] Fairmount Ave

Wm. G. Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ers as below, and to List of Diseases on Back of this Certificate.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

Permit No. 10677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19 June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thos

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 7 *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Saratoga Stbet 452

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 20 June

Undertaker, Conner P. Kinnard

Place of Business, Mulberry St. 217

L. F. Rinehard M.D.
Medical Attendant.

Address 224 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...AS TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

HEALTH DEPARTMENT JUN 1876 BALTIMORE

Permit No. 10578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel ~~Da~~ Holmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~X~~ *Years,* 5 *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay view Asylum

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 40 Foster Alley

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 20th 1876

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw St

Edmund R Walker M. D.

~~Medical Attendant.~~

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...TO the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

Permit No. 10579.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Klinglehoffer

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, *Years,* *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 70. Bond

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, Emanuel Cemetery

Date of Burial, June 21. 1876.

{*Undertaker,* Fred Graede.

{*Place of Business,* 185 East Pratt St. *Address*

M. D. Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... to the REMARKS below, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Duerbeck

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 N. Chapel Street

Cause of Death, {First (Primary,) Icterus neonatorum; Second (Immediate,) Eclampsia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, June 20th 4 P.M.

Undertaker, John Braun

Place of Business, 77 S. Wolfe St. *Address* 245 E. Baltimore St.

Mathieu, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Births and Deaths in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

Permit No. 10581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mathild Rane

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Dont know.

Occupation, Convict

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dont know

Duration of Residence in the City of Baltimore, 3 months.

Place of Death, { Give street and number. } Maryland Penitentiary

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 20 1876

John B Boyle M. D.
Medical Attendant.

Undertaker, Chas. Sheuper

Place of Business, Pratt & Chester Sts Address East Eager St

per W. H. Dickerson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 20 1976 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10582.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1876 BALTIMORE

Date of Death, June 17. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Walter Frank

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, Eight *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} East of Broadway & Wharf.

Cause of Death, First (Primary,)

Second (Immediate,) Drowning.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, June 21st 2. P.M.

W. Caldwell Ireland M. D.
Medical Attendant.
Coroner E. Dist.

{*Undertaker,* Robt Hall
Place of Business, 232 E. Balto St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S · A F E T Y ▲ F

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 02 1876 BALTIMORE

Permit No. 10583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Walker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen Anns Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 158 N. Bethel St

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Senile decay —

Duration of Last Sickness, 2 years —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 1876

Undertaker, Wm N. Dungee

Place of Business, East St

James H Stewart M.D.

Address Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Robert L. Collins Son in Law

[OVER.]

KODAKS

...RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ... CERTIFICATE.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 02 1876 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel E. Raines

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 185 S. Chester St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmel Cimetery

Date of Burial, June 20th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave.

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct account of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...to the remarks below, and to List of Diseases on back of ...rtificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 20 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Kicht

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 41 *Years,* 1 *Months,* 6 *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, { Give street and number. } 401 Canton Ave.

Cause of Death, { First (Primary,) / Second (Immediate,) } Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 20th 1876

A. K. Mansfield M. D.
Medical Attendant.
per A.F. Eisel

{ *Undertaker,* H M Gibmeyer / *Place of Business,* 341 Canton Av. } *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ENTIRELY TRUTHFUL to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11586.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Bruelling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 6 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 71 S. Register St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, June 20th.

Undertaker, H. Tippet

Place of Business, S. Bond st. 12th

Arth Esich *M. D.*
Medical Attendant.

Address 91 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...THE REGISTRIES BELOW, AND TO LIST of DISEASES on BACK ... CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

Permit No. 10587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Lee

~~Sex,~~ ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

~~Age,~~ ~~Years,~~ ~~Months,~~ 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot. Infts. Asylum

Cause of Death, First (Primary,) Malnutrition

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, June 20

Undertaker, C. H. Shepard

Place of Business, 201 Bond av

C. F. Bryan M. D.
Medical Attendant.

Address 24 Linwood av, cor Fairvale.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on ba... ...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

...t No. 10588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Wilkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 4 Years

Place of Death, {Give street and number.} Stevens Court

Cause of Death, First (Primary,) Had a Hernia but not Strangulated.

Second (Immediate,) I don't Know

Duration of Last Sickness, about 5 days, I saw him first time on Saturday

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Burial Ground

Date of Burial, June 21 1876

Undertaker, Wm H. Bishop Jr

Place of Business, 100 Druid Hill ave.

W. B. Griffith M. D.

Medical Attendant.

Address 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

No. 11589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Fry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 95 yrs *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} St. Joseph's Hospital

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Exhaustion

Duration of Last Sickness, For years.

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist

Date of Burial, June 20 1876

Oscar J. Cassard M. D.
Medical Attendant.

Undertaker, Henry Woods *Address* St Joseph's Hosp'l

Place of Business, 209 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Biddle Alley

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, June 21st 1876

Undertaker, M. & C. Perry

Place of Business 248 W Pratt St

James A Steuart M. D.

Medical Examiner

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Maria Green Mother

[OVER.]

...below, and to List of Diseases on ba... ...ate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11591

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th, 7 O'clock P. M.,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Lichtner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 8 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four (4) Years

Place of Death, {Give street and number.} No 4 Stockholm St.

Cause of Death, First (Primary,) Cancer of the Stomach

Second (Immediate,) Inanition

Duration of Last Sickness, Four Years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 20th 1876

Undertaker, Julius Käller *Address* 15 McHenry St

Place of Business, Cor Cross & West

Wm H. Elderdice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Mitchel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 York St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 20 1876

Undertaker, C S McClure

Place of Business, No 198 Eastern Ave

R. M. Hall *M. D.*
Medical Attendant.

Address 266 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Flora Grones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 48. Walker St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Convulsions

Duration of Last Sickness, ~~1 day~~ 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20 76

Jno A Blake M. D.
Medical Attendant.

Undertaker, J. W. Wehrle

Place of Business 16 & 18 Hanover St. *Address* 96. Scott St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10594

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Simon Chandler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Beacon St. Locust Point

Cause of Death, {First (Primary.) Dentition / Second (Immediate.) Summer complaint}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 21st 1876

{*Undertaker,* Arnett & Denny / *Place of Business,* Light St}

James H Heard M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jacob Chandler Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11595 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

Date of Death, June 20th,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Roach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Street no 9.

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Exhaustion}

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters. Cem

Date of Burial, June 21st

Undertaker, Wm. J. Stokes

Place of Business, 65 S. Eutaw st

C. L. Baddenbohn M. D.
Medical Attendant.

Address 102 W. Colombia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Charles Richardson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 400 Saratoga

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 400 Saratoga St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion Brain

Duration of Last Sickness, 6 Days

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 21 1876

J T Knight M. D.
Medical Attendant.

Undertaker, C Schaffer

Place of Business, Vine St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Forsberg

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 247 S Bond

Cause of Death, First (Primary,) Trismus Nascentium.

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, June 21

Undertaker, Michael Funk

Place of Business, No 35 Bank St. *Address*

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frederike Dieterly

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 2 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} N. 336 Adams Street

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Hydrocephalus acutus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, June 21st 1876

Undertaker, Frederick Waltjen

Place of Business, 40 N. Bond street *Address*

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marion Butler

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, in 67th year *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, ~~Single,~~ Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, nearly 67 years

Place of Death, { Give street and number. } # 368 N. Sharp St

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 21. 1876

Jas. L. Smithcum M.D.
Medical Attendant.

Undertaker, Wm Jacob Weaver

Place of Business, No 481 Druid Hill Avenue

Address ~~#~~ 584 W Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Holliday

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 11 *Months,* 11 *Days.*

Color, Light Copper *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} No 1 Patrick st

Cause of Death, First (Primary,) Organic Heart Disease

Second (Immediate,) Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamfield Cemetery B F Bohrer M. D.

Date of Burial, June 21 1876 Medical Attendant.

Undertaker, L Kummert *Address* Cor Dolphin & Ross st

Place of Business, No 317 Old Military St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Coleman

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* ——— *Days.*

Color, Mulatto *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 108 Raborg St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, 8 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 21st, 1876

{ *Undertaker,* William S. Gray
Place of Business, 66 Mulberry St }

Lucas M. Shearman M. D.
Medical Attendant.

Address 849 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lidia Maxwell Millholland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 17 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 206 Chew St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baths Cemetery

Date of Burial, 21 June

Undertaker, R & L Stevens

Place of Business, 251 E Baltimore St

E. S. Sims M. D.

Medical Attendant.

Address 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Augustus Haywood

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No. 2 South Duncan Alley

Cause of Death, First (Primary,) Tubercler Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, dallas st cemetery

Date of Burial, June 21.

Undertaker, J. Blotkamp

Place of Business, 260 E. Lombard St

E. T. Bons M. D.

Medical Attendant.

Address No. 406 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, amongst the returns of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19 - 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Thomas Scott

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ____ *Years,* Five *Months,* ? *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State of country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 45 Biddle alley

Cause of Death, { First (Primary,) Entritis - ? / Second (Immediate.) Asthenia - ? }

Duration of Last Sickness, About Six month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st 1876

Undertaker, L. L. Chalmers

Place of Business, 262 Penna Ave

C. C. Pritchard M. D.
Medical Attendant.

Address Dispensary Phys.
Green & Saratoga Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. ~~And it be further enacted~~ and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob & Elizabeth Shaffer Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 8 hours ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, City

Place of Death, {Give street and number.} 325 N. Durham St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 21 1876

Undertaker, H. Schmidt

Place of Business, 263 Eager St

James A Steuart M.D.
Medical Examiner

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jacob Shaffer Father of child.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Letzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Conere St. 41

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 21st 1876

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

L. A. Pleasants M.D.
Medical Attendant.

Address 24 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Celina Hurdle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 20 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sin

Occupation, Born

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number.} 3 Oliver St Balto.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, June 21st 1876

Undertaker, Jno H Weaver

Place of Business, Fayette St

J. Gilman M. D.
Medical Attendant.

Address 172 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 4775)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pattie P. Taylor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Thirty-five *Years,* one *Months,* Twelve *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Hampton Co Va

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} No. 166 N Eutaw St

Cause of Death, {First (Primary,) Palmonary / Second (Immediate,) Consumption

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Northampton Co. Va

Date of Burial, June 20th 1876

Undertaker, Jacob Weaver

Place of Business, No 46 Druid Hill Avenue

W. S. Green M. D.
Medical Attendant.

Address 97 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sent. Op Special Permit issued by Dr Stewart at his house [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Frederick Krups

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballo City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 265. Orleans. Sta.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) dr. Spasms

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Emanuels Cemetry Harford Co.

Date of Burial, June 21st 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

H. S. Dohme - M. D.
Medical Attendant.

Address 86. S. Fayette, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Antionette Pasano

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Genoa . Italy

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 149 N Charles St

Cause of Death, {First (Primary,) Old Age
{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt C Respin Buckler M. D.

Date of Burial, 22d June 76 Medical Attendant.

{*Undertaker,* Hebb. Jenkinson *Address* 135 N Charles St
{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosine Stiller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 2 *Months,* 10 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 470 Easton Ave. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 470 Easton Ave. Baltimore

Cause of Death, First (Primary,) Dysenterie

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cimetary

Date of Burial, 22d of June

Undertaker, John Brown

Place of Business, W. Lord Wolf-st

J. P. Swaken M. D.
Medical Attendant.

Address No 232 Easton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Veronica Reichert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* 7 *Months,* 13 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 1. L. Chappell st

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 22. Morning

{ *Undertaker,* Joseph Braun
Place of Business, 77 Wolf st

Pierre G. Dauvé M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland, 20 yrs in America

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 211 Park Ave.

Cause of Death, First (Primary,)

Second (Immediate,) Puerperal Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 22 d 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw st *Address*

O. H. T. Hauk. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 10618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Tyler

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ____ *Years,* 5 *Months,* 11 *Days.*

Color, B *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 orchard st

Cause of Death, First (Primary,) ____

Second (Immediate,) Marasmus

Duration of Last Sickness, 5 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22, 1876

Undertaker, Samuel [illegible]

Place of Business, 1618 Hanover st

C Maitland M. D.
Medical Attendant.

Address 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Joseph Keigler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* Twin *Months,* ~~~ *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No. 3 N. Popplton

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 22d

Undertaker, Wm. M. Leonard & Son

Place of Business, 52 N. Baltimore St

Thomas Opie M. D.
Medical Attendant.

Address 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 21 1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Spencer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S. Castle St.

Cause of Death, First (Primary,) Enteritis,

Second (Immediate,) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, June 21st

Undertaker, Carolina Dippel

Place of Business, S Bond st 151

G. Glanville, M. D.
Medical Attendant.

Address Balt & Mad Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10617

The Physician who last attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Robertson Brooks

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 79 Preston st Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 79 Preston st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, June 23rd 1876

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St

H. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Schroll

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 6 Months, 16 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born.

Place of Death, {Give street and number.} 184 S. Madeira Alley

Cause of Death, First (Primary,) Cholera infantum.

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C.

Date of Burial, 22nd June

Undertaker, Hartline & Lynch.

Place of Business, 151 S. Bond.

Pierce G. Dausch M. D.
Medical Attendant.

Address 24 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Bowcock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 7 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 222 Lamvale St.

Cause of Death, First (Primary,) Scarlatina, Malignant Angina

Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22nd 1876

Undertaker, John H. Weaver

Place of Business, 422 W. Fayette St.

W. H. White, M. D.
Medical Attendant.

Address 361 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria McElgunnath

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, white *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 343 Orleans-st Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 343 Orleans st Baltimore

Cause of Death, First (Primary,) Spasms (accessorius Willissii)

Second (Immediate,) ____

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Comet

Date of Burial, June 21st 1876

W. F. Lockhart M. D.
Medical Attendant.

Undertaker, H Eckhart

Place of Business, 269 Canton Ave

Address 232 Easton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,021.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Peirce

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, Thirty five *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Steward - Merchant mar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Thirty five

Place of Death, {Give street and number.} 33. North Wolfe St.

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 3 hours. —

All the above information should be furnished by the Physician.

Place of Burial, In E Balt Grant Christ Road Calvert Island

Date of Burial, June 22 1876 Coroner E. Dietz. *M. D.* Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie D. Kunkel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 6 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 125 N. Howard St

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brae

Date of Burial, June 22 - 76

Undertaker, C. Kunkel

Place of Business, 60 Park Ave

Geo L. Rice **M. D.**

Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kelly Martina Toney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 5 *Days.*

Color, black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, 11 Booth St

Duration of Residence in the City of Baltimore, 1 yr 1 mo. 6 days

Place of Death, {Give street and number.} Booth & 14th.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem. J. Shelton Hill *M. D.*

Date of Burial, June 22. Medical Attendant.

Undertaker, J B Cook.

Place of Business, Baltimore 707 *Address* 432 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ehrhardt Guenther

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpet - Weaver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 10 S. Carolina St

Cause of Death, First (Primary,) Carcinoma oesophagi

Second (Immediate,) Marasmus

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, 22 June 1876

Undertaker, John C. Gluck

Place of Business, 265 Eutaw st

F. Mathieu M. D.
Medical Attendant.

Address 245 S. Hull Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas F Gallehen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty One *Years,* — — — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Music Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London Co Va

Duration of Residence in the City of Baltimore, About eight years

Place of Death, {Give street and number.} 265 Lexington St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Washington city D.C

Date of Burial, June 22d 1876

Elias C. Price M. D.
Medical Attendant.

Undertaker, Jos. Logan

Place of Business, 568 W. Balt ~~St~~ *Address* 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Granite 476)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Doerr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, C *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 86 S. Dallas St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st 1876

{*Undertaker,* John W. Loucks

{*Place of Business,* 67 S. Wolf st

A. J. Reynolds M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice M. Koon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 110 N. Eutaw St

Cause of Death, { First (Primary,) } { Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial [redacted] Cathedral Burying Ground

Date of Burial, June 22nd 1876

J. A. Gillis M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address* 22 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Long

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 73 Sterling

Cause of Death, {First (Primary,) Chlora Infantum

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Presbyterian Cemetery Govanstown

Date of Burial, 22 June 10 O'Clock

Undertaker, George C. Roberts

Place of Business, 38 Eutaw St

Geo. K. Hayson M. D.
Medical Attendant.

Address 18 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin H. Gross

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Hilmor Alley

Cause of Death, {First (Primary.) Artificial Nursing; Second (Immediate.) Atrophy}

Duration of Last Sickness, its whole Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22 1876

James A Stewart M. D.

Undertaker, Jacob Wrenn

Place of Business, Druid Hill av

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Levin Gross Father [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 116 S. ~~Bethel~~ Bethel St

Cause of Death, {First (Primary,) artificial nursing — Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22 1876

James A Steuart M.D.

{*Undertaker,* John W. Locke
Place of Business, Wolf St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Emanuel Smith father [OVER.]

Board of Health, City of Baltimore,

Permit No. 10631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria C. Ely

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 46 S. Collington Av

Cause of Death, {First (Primary,) Hydrocephalus

Second (Immediate,) —

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 23rd 1876

Undertaker, Hughes & Co

Place of Business, 658 Broadway

L. L. Wilkins M. D.
Medical Attendant.

Address 657 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Short

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 16 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 E Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias burying ground

Date of Burial, June 21 1876

H Gregor Shertzer M. D.
Medical Attendant.

Undertaker, Henry Hein

Place of Business, No. 252 Aliceanna St

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva M Aumen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 63 N. High.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) (Brain trouble)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 22nd June

Undertaker, James P. Byers

Place of Business, 59 N. Front St *Address* ——

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10634.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown Foundling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, about 1 Months, 14 Days.

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown Foundling

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Bay near Leaden Hall St

Cause of Death, First (Primary,) Mal nutrition

Second (Immediate,) Atrophy

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, May 22nd 1876

Undertaker, M. H. C. Perry

Place of Business, 1448 W. Pratt St.

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Emma Smith Adopted mother

Board of Health, City of Baltimore,

Permit No. 10635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Warfield

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* 3 *Months,* 8 *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 249. N. Bond st.

Cause of Death, {First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 23 A.M.

Undertaker, W. Fry

Place of Business, 20 Broadway Fayette

Wm L. Russell M. D.
p. c. J Kuhn
Medical Attendant.

Address cor Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Loyatia Hance

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 29 N. Exeter St.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 29 N. Exeter

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) ____

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery E. Lang Jones M. D.

Date of Burial, June 23 1876 Medical Attendant.

Undertaker, Thos L. Hughes *Address* E Balto

Place of Business, 64 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Long

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211 Hughes St

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, June 22nd 1876

Undertaker, Jacob Davis

Place of Business, 109 Lee St

Julius Hatch M. D.
" Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ecessary on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil Barnes.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 40 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cornell Co Md

Duration of Residence in the City of Baltimore, 12 months.

Place of Death, {Give street and number.} Waters Court near Biddle St

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23 1876

{*Undertaker,* I. I. Stalmer / *Place of Business,* 262 Penn Ave}

James A Steuart M. D.
Medical Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mr Bennet

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10639.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy. Second (Immediate,) Hydrocephaloid convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, June 23. 1876

Undertaker, Emil Bowen

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Spasms

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial June 23 1876

Undertaker Saml Bowser

Place of Business, 1 E Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Regan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* ~~11~~ Ears *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Londonderry Ireland

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} No 61 E Madison St

Cause of Death, First (Primary,) Cerebral Softening

Second (Immediate,) Inanition

Duration of Last Sickness, About 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 24-76

Wm. Whitridge M. D.
Medical Attendant.

{*Undertaker,* John I Rodenmayer
Place of Business, N E Cor Fremont Ave & Monument St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10642

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 10 y 3 M 15 day

Place of Death, {Give street and number.} No 554 Saratoga St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Enlarged

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 22nd 1876

Undertaker, Hughes & Co

Place of Business, 550 Fayette St

Saml Culbertson M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

Date of Death, June 22 / 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie I. Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 11 *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 170 N. Fremont St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

J. G. Luttrell M. D.
Medical Attendant.

Place of Burial, Greenmount

Date of Burial, June 23d

Undertaker, C. T. Miller

Place of Business, 86 N. Eutaw St. *Address* # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10654

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21. 8. 10 m. p. m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph. Kellermann

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Three *Years,* 7. *Months,* 2. *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } O

~~*Occupation*~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Park Str No 98.

Duration of Residence in the City of Baltimore, Three years.

Place of Death, { Give street and number. } 91 Nord. Eutw.

Cause of Death, { First (Primary,) Gastritis / Second (Immediate,)

Duration of Last Sickness, four Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius

Date of Burial, June 23

Undertaker, Mr John J. Kunkel

Place of Business, 41 Park St *Address*

John J. Fitzer. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Haynson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 95 *Years,* — *Months,* — *Days.*

Color, Col^d

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co Md

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 31 Jefferson St. Court

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) ~~Carcinoma~~ Dropsy

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23 1876

{*Undertaker,* C. H. Giles

{*Place of Business,* at Cemetery

James A Stewart M.D.

~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Amos Haynson his son

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Yrs.

Place of Death, {Give street and number.} No. 198, N. Bond St.

Cause of Death, First (Primary,) Old-age

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 24th, 1876.

W. J. Scott *M. D.*
Medical Attendant.

Undertaker, Fred Faede.

Place of Business, 185 E. Pratt St. *Address* 2 H H Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Frank Hess

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, { Give street and number. } No 298 Franklin Street

Cause of Death, { First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 28th 1876

{ *Undertaker,* Parents —
{ *Place of Business,* 298 Franklin

C. R. Comstock M. D.
Medical Attendant.

Address 66 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Weber St

Cause of Death, First (Primary,) Umbilical Hernia

Second (Immediate,) Strangulation of Omentum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, St Aloysius

Date of Burial, July 25 1876

Undertaker, C. F. Kruse

Place of Business, 209 Hanover

L. Steiner M. D.
Medical Attendant.

Address 47 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Wing

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Russell st 6th door from West.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ...

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22 76

Undertaker, ____

Place of Business, 195 Howard st

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Martin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Peach alley

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22, 76

Undertaker, B. W. Chase

Place of Business, 191 S. Howard

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Earls

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ ***Days.***

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 33 State st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Jemetery

Date of Burial, June 23 1876

Undertaker, John G Jordon

Place of Business, 63 Park Ave

H Darling M. D.
Medical Attendant.

Address 113 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Franz

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} N. W. Corn. of Carlton & Fayette.

Cause of Death, First (Primary,) Ulcer of Florida

Second (Immediate,) Marasmus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Agnes~~ Loudon Cemetery

Date of Burial, 23d of June 1876

Undertaker, M. France

Place of Business, 280 Canton Ave Address 244 E. Baltimore

J. Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 10453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Sampson

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 24 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 258 McDonough St

Cause of Death, {First (Primary,) Diptheria
Second (Immediate,) Asthenia

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Mount Zion Cemetery

Date of Burial, June 23 1876

Undertaker, William Mininger

Place of Business, No 10 N East St

Wm. L. Russell M. D.
Medical Attendant.

Address cor Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adelaide Bantz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 5 *Months,* 20 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 year 5 months 20 Days

Place of Death, { Give street and number. } 121 Front St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, June 22 1876

Undertaker, William Dinges

Place of Business, 101 East St

E. E. Caynes M. D.
Medical Attendant.

Address 154 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SA

...ard of Health, City of Baltimore,

Permit No. 41,155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. L. Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rabury St. No 190.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22nd 1876

Undertaker, Wm Herbert Jr

Place of Business, 100 Druid Lane

O. L. Buddenbohn M. D.

Medical Attendant.

Address No 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d of June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Brigitta Marek

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, Wh

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, hr

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 9 years Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Barnes street

Cause of Death, {First (Primary.) Old age 81 Second (Immediate.)

Duration of Last Sickness, hr died on Wed with apoplexia

All the above information should be furnished by the Physician.

Place of Burial, Athenian Cemetery

Date of Burial, June 23

Undertaker, George Kercher

Place of Business, No 399 E Eager St Address 248 E Baltimore St

J Loathe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Boucher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Druid Hill Ave

Cause of Death, {First (Primary,) to Second (Immediate,)} Colera Infantum

Duration of Last Sickness, 4 or 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 23rd

Chas O'Donovan M. D.
Medical Attendant.

Undertaker, L. Weigand

Place of Business, 53 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10458.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22. 4 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. Loughon.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, ~~White~~ *Sex,*

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} ~~[illegible]~~ 2014 Lexington St

Cause of Death, First (Primary,) Second (Immediate,) Carcinoma Hepatis.

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem'y

Date of Burial, June 28th 1876 John J. Ulzer. M. D.
Medical Attendant.

Undertaker, Jos F Byrne

Place of Business, 57 n Liberty St Address 79 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st., 6 O, clock P.M.,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 177 S. Warner Street Since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 190 S. Warner Street

Cause of Death, First (Primary.) Inf. of the brain

Second (Immediate.) Convulsions

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hebrew Cemetery

Date of Burial, June 23

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Thos. H. Edenden M. D.
Medical Attendant.

Address 16 N. Henry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d June 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Petrus Lucasciewiz

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. During Lifetime

Place of Death, {Give street and number.} L. Registerstreet 149

Cause of Death, {First (Primary,) Cholera infantum

{Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, June 23th 1876

Undertaker, H. Eckhart

Place of Business, 269 Canton Ave

William Henrel M. D.
Medical Attendant.

Address L. Wolfert's 111.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

Date of Death, June 22 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Hoerke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Caroline St 46.

Cause of Death, {First (Primary,) Cholera Infantile

Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 23 June

Undertaker, H Bein

Place of Business, 252 Aisan St

Att Dick M. D.
Medical Attendant.

Address N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarethe Adelaide Wilmering.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 13 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} N. 1 Chestnut alley

Cause of Death, First (Primary,) cholera infantum.

Second (Immediate,) anaemia cerebri

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, H. Ebenezer

Date of Burial, June 23.

Undertaker, Henri Borgmann

Place of Business, Alley No 45.

Henry Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d of Jun 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary D. Ficker

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Wht

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 6 N. Ann street

Cause of Death, {First (Primary,) Phthisis pulmonum

{Second (Immediate,) Hydrops, suffocation.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Freedom York Co, Pa

Date of Burial, 24th of Jun, 1876.

J Flathers M. D.
Medical Attendant.

Undertaker, Michael Funk

Place of Business, No. 35 Bank *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

(Transit 478)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizth Bowee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 10 *Months,* *Days.*

Color, light copper *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} No 9 Harmony Lane

Cause of Death, First (Primary,) Still

Second (Immediate,) Scrofula

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 23d 1876

Undertaker, S. Kimmell

Place of Business, 317 Mulberry St. *Address* Cor Dolphin & Ross

B F Bohee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10466,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lutie Collins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chesapeake 21 19

Cause of Death, First (Primary,) .....
Second (Immediate,) Diarrhea

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bolls Cemetery

Date of Burial, 24 June

Undertaker, R & L Brown

Place of Business, 281 E. Bolton St.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bekk. Deck.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 21 *Days.*

Color, ____ *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 326 S. Sharp St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Acute Meningitis

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansius Cem R. J. H. Tall M. D.

Date of Burial, June 24th 1876 Medical Attendant.

Undertaker, Julius Koehler *Address* 158 S. Sharp St.

Place of Business, cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Harris.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Well digger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington Co. Md.

Duration of Residence in the City of Baltimore, about 30 yrs.

Place of Death, {Give street and number.} 47. Biddle al-

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Dropsy.

Duration of Last Sickness, 3 mos -

All the above information should be furnished by the Physician.

Place of Burial, N. Sharp St.

Date of Burial, June 24 1876

Eldridge C. Price M. D.
Medical Attendant.

Undertaker, J. Shahan

Place of Business, 262 Pa. ave

Address 262. Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kenokey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 W. Biddle St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diarrhea

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 23 1876

Undertaker, Jo. F. Byrne

Place of Business, N. Liberty St

James A Steuart M.D.
Medical Examiner.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Thomas A Agnew 293 W Balt [Sts.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 6 *Months,* 26 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hancock. Washington Co Md

Duration of Residence in the City of Baltimore, about 3 Mos.

Place of Death, {Give street and number.} Lexington No 447.

Cause of Death, First (Primary,) Prostatic Abscess

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, ~~Hancock~~ Hagerstown Md

Date of Burial, June 24th 76

J. Wm. Walls M. D.
Medical Attendant.

Undertaker, Wm. M. Tennant & Son

Place of Business, 182 W. Baltimore st Address No 18 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 479)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Bankstahl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 277 N. Dallas St

Cause of Death, First (Primary,) Exhaustion

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 6 days -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 24 1876

James A Steuart, M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Magaine,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 8 *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Daily life

Place of Death, {Give street and number.} 24. N. Gay St

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, June 23d 1876

Undertaker, Henry W. Mears

Place of Business, 48 N Gay St

I. N. Hanck M. D.
Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Nov Fancy Bourke~~ June 21st A. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Leckey

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 203 Gough St

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial W. P. Cem.

Date of Burial June 23rd 76

G. Glanville Rusk M. D.
Medical Attendant.

Undertaker, H. C. Haight

Place of Business, 45 S. Bdwy

Address Bull & Mash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 23
1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 · 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Brun

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* *Days.*

Color, Cz

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 24 Orchard r Balt

Duration of Residence in the City of Baltimore, 1 mo

Place of Death, {Give street and number.} 24 Orchard r Balt

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23d 1876

Undertaker, William F. Frey

Place of Business, 66 Northwell

J H Patten M. D

Medical Attendant.

Address 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Berry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widowed~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, { Give street and number. } Jenkins Alley

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23d 1876

{ *Undertaker,* Williams & Gray

{ *Place of Business,* 66 Hillen St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10675

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. A Deale

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, , *Years,* 8 — *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna Co Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Penna Ave No 571

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 24 1876

Undertaker, Andrew Leeb

Place of Business, 118 Eutaw Street

C J Clower M. D.
Medical Attendant.

Address Corner Penna Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 10676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

Date of Death, June 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L P Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Six Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 47 George St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, June 24th 1876

Undertaker, Andrew Leib

Place of Business, 1182 Madison Ave

D. L. Rowe M. D.
Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Unknown

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Infirmary cor Combane & Greenlis

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) asthenia

Duration of Last Sickness, twelve months

All the above information should be furnished by the Physician.

Place of Burial, W P Field

Date of Burial, June 23

Undertaker, M McB Ring

Place of Business, 418 W Pratt

T A Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
23
1976
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Saunders

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 89 Orleans St

Cause of Death, First (Primary,) Inflamation of the Stomach

Second (Immediate,) Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Loanel Cemetery

Date of Burial, June 23 1876

Undertaker, John M. Locke

Place of Business, 51 S. Wolf St

J. D. Snop M. D.
Medical Attendant.

Address 187 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 23 1976
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Virginia Bauernschub

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Mos Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 333 Eastern Avenue

Cause of Death, First (Primary,) Malformation - Double Hare-Lip and cleft palate

Second (Immediate,) total want of soft & hard palate, fissure extending to the base of the Sphenoid bone

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, June 23 d 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave.

James S. McShane M. D.
Medical Attendant.

Address 354 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B Bay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Madison 1209

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cond

Date of Burial, June 15th 1876

Undertaker, William Fry

Place of Business, Broadway

O S Mahon M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 10681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reiche

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 Barnes St

Cause of Death, {First (Primary,) Summer Complaint / Second (Immediate,) Convulsions}

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, June 24 1876

Undertaker, H. Hoeck

Place of Business. Central Ave

Address Commissioners of Health & Registrar

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10,892

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Zajic

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bohemia - 15 yrs

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 29 L. McElderry St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 24 1876

James A Steuart M. D.
Medical Attendant.

{*Undertaker,* H. Moore
Place of Business, Central ave} *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10183.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 263 Preston St.

Cause of Death, {First (Primary,) Second (Immediate,)} Insanition

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cem

Date of Burial, June 24 76

Undertaker, Wm H. Schilling

Place of Business, 72 Penn Ave

H. Waters M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10684

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 - 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 263 Preston St.

Cause of Death, First (Primary,) .....
Second (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cem.

Date of Burial, June 24

Undertaker, H. Schilling

Place of Business, 71 Penna Ave

J. H. Keller, M. D.
Medical Attendant.

Address 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10685

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 31 Hanover Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Collapse

Duration of Last Sickness, ~~12~~ 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 24.

Undertaker, S. Bokern

Place of Business, 36 Hanover St.

James T. Shaw M. D.
Medical Attendant.

Address 234 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 131 Columbia Av.

Cause of Death, {First (Primary,) Second (Immediate,)} Carbuncle

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Pembroke McHenry M. D.

Date of Burial, June 24 1876 Medical Attendant.

{*Undertaker,* Armstrong & Denny *Address* No 203 W. Lombard St.
{*Place of Business,* Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meta Baker

~~*Sex, Male,*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, —— *Years,* Four *Months,* Thirteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 4 months & 13 days

Place of Death, {Give street and number.} 53 Frederick Av Balto

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) {Mother died of Consumption a few weeks since}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cemetery

Date of Burial, June 24th /76

Undertaker, J. P Pauley

Place of Business,

J. G. Smithson M. D.
Medical Attendant.

Address #584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Harry~~ Carrie Bell Skwatka Schwatka

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 1. Months, Days.

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 80. Pine St.

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, June 25th 1876

Undertaker, P. Kinnett

Place of Business, 317 Mulberry St

Louis C. Horn M. D.
Medical Attendant.

Address 226 Mulberry.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over.]

Y ▲ F I L M ■

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10489

...ician who attended any person in s...last illness is responsible for the presentation of this Certificate, *accurately filled out*, t... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, Negro

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer. or Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Ninteen Years

Place of Death, {Give street and number.} No. 30 Dawson Alley

Cause of Death, {First (Primary,) ... Second (Immediate,) Spanaemia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 24th 1876

Undertaker, John L Maughan

Place of Business, No 150 Camden St

DeLancey H. Barclay M.D.
Medical Attendant.

Address 191 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...10611

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, ...ndertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner ...n requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo B Riley

~~Son,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nonn

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 121 E Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 24th 1876

Chas O Donovan M.D.
Medical Attendant.

{*Undertaker,* Jas P Byrne
Place of Business, 13 N Fronts} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Louisa Knoche

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 49 years *Years,* 2 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 21 years & 6 months

Place of Death, { Give street and number. } 26 Exeter Street

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Collapse

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Milton A Taylor* M. D.

Medical Attendant.

Date of Burial, June 25th

Undertaker, Geo. Schilling *Address* 108 South Broadway

Place of Business, Sisquith to Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22. 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Francis Hartzell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 *Years,* 4 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } B C.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 5 Little Vine St

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co. — D. Enterline M. D.

Date of Burial, June 25, 1876 Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St Address 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Two *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Buck Co.

Duration of Residence in the City of Baltimore, Two months.

Place of Death, {Give street and number.} 365. North Central Ave.

Cause of Death, { First (Primary,) Entero colitis.
Second (Immediate,)

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetary D.C. Ireland M. D.

Date of Burial, June 24th 1876 Medical Attendant.

Undertaker, Geo. Schilling 178 Aisquith St.

Place of Business, cor Fayette & Monument st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Rice

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 8 *Years,* 7 *Months,* *Days.*

Color, *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } Stricker St 4 doors above Patterson Ave

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Elias C. Price & Son M. D.
Medical Attendant.

Date of Burial, June 24th 1876

Undertaker, Jacob Weaver

Place of Business 1066 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Issie Delaplane

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* 11 *Months,* 5 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 176 George St.

Cause of Death, { First (Primary,) Congestion of Lungs
Second (Immediate,) Two weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cem^t^ J. T. Knight M. D.

Date of Burial, June 24th 1876 Medical Attendant.

Undertaker, Jacob Weaver *Address* 112 N. Greene St.

Place of Business, No 416 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isidor Benvenger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 59 Hollins, St.

Cause of Death, {First (Primary,) Meningitis.

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Ohl Sholom Cemetery

Date of Burial, June 25 1876

Undertaker, Wm Elam *Address*

Place of Business, 101 Gough St

Abram Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 1097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Maurnes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~_____~~ *Years,* 2 *Months,* ~~_____~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Elbow Lane

Cause of Death, {First (Primary,) Thrush

{Second (Immediate,) Inanition

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1876

Undertaker, S W. Chase

Place of Business, 8 Howard St.

Address Commissioner of Health & Registrar

James A Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johnny Lisselberger

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, Eight Months, 10 Days.

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation*~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give street and number. } 126 Dolphin St

Cause of Death, { First (Primary,) Innutrition. Second (Immediate,) Cerebral

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Locust

Date of Burial, June 24th 1876

Edwd A. Marsh M. D.
Medical Attendant.

{ *Undertaker,* Chas F. Scriven
{ *Place of Business,* 271 W Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. June 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} May Clabby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 393 Penna Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Brain Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ameln

Date of Burial, June 24th 1876

Undertaker, Jacob Weaver

Place of Business, 393 Penna Ave

James A Steuart M. D.
Medical Attendant

Address Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informations by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

Date of Death, June 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Poerschke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Miller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore. 5 Years

Place of Death, {Give street and number.} Spring Gardens near draw Bridge

Cause of Death, {First (Primary,) Accidentally Drowned / Second (Immediate,)} Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 24th

{*Undertaker,* Henry Brick / *Place of Business,* Hanover St. 81}

R. C. Lee M. D.
~~Medical Attendant.~~ Coroner S. D.
N. W. Cor
Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Dick.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 2 Harrison Lane

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1876

Undertaker, Wm H Bishop Jr *Address* 398 W. Fayette St.

Place of Business, 100 Prince Wm

A. G. McAllister M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adair Post

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ---

Occupation, ---

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 149 Mulberry St.

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 24th

E Gover Cox M. D.
Medical Attendant.

Undertaker, J B Coates

Place of Business, 707 W Balto St

Address 512 W Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 10703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles C. Frey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 4 *Months,* & 13 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 495 E. Baltimore st

Cause of Death, First (Primary,) Consumption

Second (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 25th 76

Undertaker, W. A. Darfler

Place of Business, 30 S Bond

Thomas Shearer M. D.
Medical Attendant.

Address 97 E. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 10704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 185 S. Charles st

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Ct. Patricks Cem

Date of Burial, June 25th 76

Undertaker, M A Dayer

Place of Business, 94 S Bway *Address* ____

W. J. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 10705

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty five *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Oysterer

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Forty five Years

Place of Death, {Give street and number.} Fort Henderson's Wharf.

Cause of Death, {First (Primary,) Drowning / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, Jun 23

{*Undertaker,* Charles Scrafe / *Place of Business,* Pratt & Chesters St, *Address*}

D. C. Ireland M. D.
Coroners Phys. *Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...it No. 10706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fleming Edward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 13 Months, 3 Days.

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {~~Cross out~~ the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 25 & Canbers Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25½ & Canover Co

Cause of Death, {First (Primary,) Catarrhal Fever. Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 3 Week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 25th of June

Undertaker, P. Secord

Place of Business, 35 S. Eutaw

Geo. W. Gibson M. D.
Medical Attendant.

Address 114 & Canover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 1070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clement G. Overgem

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 351. William St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus & Shoeless Both

Date of Burial, June 25 1876

M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 207 Hanover st

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Miller

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 20 *Years,* 10 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 2 Spruce St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem. James S. Reed M. D.

Date of Burial, Mond. June 26/76 Medical Attendant.

Undertaker, John Young

Place of Business, 77 S. Wolfe St. *Address* 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Koenig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 322 Alice Ann St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 25th 1876

Undertaker, John Braun

Place of Business, 77 S. Wolf St

James A Steuart M. D.
Medical Attendant

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker ——— [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 24 1976
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Balt June 22 n 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Seven *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co, Maryland

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} No 207 Hanover St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Cardiac Incorrectional derangement

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25 1876

Undertaker, Hercules Ross

Place of Business, 180 Mess. St

S. P. Dyer *M. D.*
Medical Attendant.

Address No 146 Hill St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Howard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 30 *Years,* — *Months,* — *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, 5°

Place of Death, {Give street and number.} 7 Waters Court

Cause of Death, {First (Primary,) ... Second (Immediate,)} Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, June 24 1876

Undertaker, M. H. C. Perry

Place of Business. Pratt St

James H. Steuart M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Interment by Charles Smith & Waters Court [OVER.]

10712

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lou. E. Gilmore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, School Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} At Sea

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Infirmary Cor Lombard & Greene St

Cause of Death, First (Primary,) Chr Dysentery

Second (Immediate,) Asthenia

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, June 24th 1876

Undertaker, Shultheis

Place of Business,

T A Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Inez Lillian Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* Eight *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} N. E. Cor Ball & Broadway

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, June 25th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

John H. Horner M. D.
Medical Attendant.

Address N. W. Cor Broadway & Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10714.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 June 4 P. M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augusta Thurmann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* seven *Months,* 7 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 272 Canton Av.

Cause of Death, { First (Primary,) Difficult Teething
Second (Immediate,) Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 24th June.

C. Muhlemeier M. D.
Medical Attendant.

Undertaker, Henry Snyder

Place of Business, 232 Eastern Av. *Address* 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jones

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 16 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ____

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No. 5. Webb St

Cause of Death, {First (Primary,) Enteritis ~~Hooping~~ Colitis

Second (Immediate,) ____

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St James Catholic Cemetery

Date of Burial, June 25th 10 O'clock

M. D.
Medical Attendant.

{*Undertaker,* G. C. Bodemuller *Address* 156 Broadway

{*Place of Business,* 38 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Wheelwright Brown

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Ten *Months,* Two weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 72 Oxford st

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,)}

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, June 25th /76

Undertaker, John H Weaver

Place of Business, 22 W Fayette st

DeLancy H. Barclay M. D.
Medical Attendant.

Address 191 N. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23rd June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalie Elisabeth Lamp.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years.~~ ~~Months.~~ 13. Days.

Color, —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 491 West Balt. St. Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 490 W Balto St

Cause of Death, First (Primary,) —

Second (Immediate,) Convulsion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 24 1876

Undertaker, Jacob Gemaehle

Place of Business, W Fayette St

~~Loudon Park~~

D. F. Reinhard M.D.
Medical Attendant.

~~Jacob Gemaehle~~

Address West. Fayette near ~~Pearce~~ st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Brunker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 N. Caroline St.

Cause of Death, First (Primary,) An injury of the cranium

Second (Immediate,) Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Saturday June 24/76

Undertaker, Wm. Frey

Place of Business, South west Cor Broadway & Fayette St

G. G. Rusk M. D.
Medical Attendant.

Address Balt. & Wash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...on back of this Certificate.

10719

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 State St. Court

Cause of Death, {First (Primary,) Pentitonitis / Second (Immediate,) Chol Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pr Potters Field

Date of Burial, June 24th 1876

James A Steuart M. D. Medical Attendant

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Address Health Commis's & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt Daniel Lepson W. 3 State

[OVER.]

...or back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ada Mack

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* 9 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 141 N. Dallas St

Cause of Death, {First (Primary,) Affection of Spine; Second (Immediate,) Meningitis}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25 1876

James A Steuart M. D.
Medical Attendant

Undertaker, W. N. Dunger

Place of Business, East St

Address Commiss of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Samuel Nichols Grandfather [over]

...ASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 10721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah S Gaither

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 7 *Months,* 16 *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} ———

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 8 Chesnut St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ———

Duration of Last Sickness, About 14 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Cemetery

Date of Burial, June 24th 1876

Undertaker, Gilbert & Dorsey

Place of Business, No 101 East Lee St

D W Cathell *M. D.*
Medical Attendant.

Address 1 K D Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Orlando

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* Two *Months,* — *Days.*

Color, *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 3 Jefferson ct

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Jefferson st ct

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Grand Cemetery

Date of Burial, June 25th 1876

Undertaker, William H. Lunger

Place of Business, 707 109 East St.

S. F. Coyner **M. D.**

Medical Attendant.

Address 134 N Hugh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Sayers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Carlton St.

Cause of Death, First (Primary,) Contusion of foot - from fall

Second (Immediate,) Tetanus,

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, June 25th 1876

Undertaker, Wm F Gray

Place of Business, 45 Mulberry St

J. M. C. Cindy M. D.

Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

Date of Death, June 23rd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L. Bryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queene Anns County

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 168 E Eager St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Queen Ann County

Date of Burial, June 24

Jno. Burke Boyle M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Gay St

Address 166 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 480)

[OVER.]

E T Y ▲ F I L M

...Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gamer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 Little Broadway

Cause of Death, {First (Primary,) ... Second (Immediate,)} asthenia

Duration of Last Sickness, whole Life

All the above information should be furnished by the Physician.

Place of Burial, St Patrick, Canby

Date of Burial, June 25th 1876

James H Teas M. D.
Medical Examiner

Undertaker, John W. Locks

Place of Business, Wolff St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lea Walker Midwife

[OVER.]

KODAK SAF

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Dawson Dunlap

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Twenty three *Days.*

Color, ____ *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 333 N. Broadway

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 333 N. Broadway

Cause of Death, First (Primary,) Stomach

Second (Immediate,) Gastro Enteritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, June 25" 1876

{~~Undertaker~~, Parents

Place of Business,

W. H. White, M. D.
Medical Attendant.

Address 361 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 in

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Greer Cornelius,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and number.} 9 N. High St

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 24th 1876

Undertaker, Henry H. Mears

Place of Business, 115 N Fay St

D. N. Hock M. D.
Medical Attendant.

Address 73 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ase of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 10728 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth R. Mc Daniels

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Hull st, near Fort Avenue

Cause of Death, First (Primary,) ____ Second (Immediate,) Teething

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, June 25th

A. J. Clarke - M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 66 S Broadway *Address* 237 Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10729

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} George Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colo

Married, ~~Single, Widowed, or Divorced,~~ {Cross out the words not required in this line.}

Occupation, Well digger

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 47 Biddle alley

Cause of Death, {First (Primary.) Asthma} {Second (Immediate.) Dropsy}

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, N Patties Field

Date of Burial, June 24 1876

James A Steuart M. D.
Medical Attendant.

Undertaker, H Hel Perry

Place of Business, Pratt St

Address Health Commiss & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Emily Harris his wife [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

Date of Death, June 22d 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dareama Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 7 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 511 Wood Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) (No Medical Treatment)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 25th 1876

Undertaker, Wm S Gray

Place of Business, 65 Mulberry St

John L. L. Kozer M. D.

~~Medical Attendant~~

Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

Date of Death, June 23 '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Corbin F. Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ ____ *Years,* 8 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 116 Pearl St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 24

Undertaker, P Kennedy

Place of Business, 817 Aisquith

D. G. Keller, *M. D.*
Medical Attendant.

Address 89 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10732 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

Date of Death, June 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* ——— *Months,* ——— *Days.*

Color, Cold

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 94 Chesnut alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Abington Harford Co

Date of Burial, June 25 1876

James A Steuart M. D.

Undertaker, Jacob Weaver

Place of Business, Druid Hill Ave

Address Commrs of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Anderson friend

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenzo Taylor

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, Years, One Months, Seventeen Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 131 N Eutaw St

Cause of Death, {First (Primary,) Second (Immediate,)} Indigestion — during Labor

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemt

Date of Burial, June 25th 1876

Undertaker, Jacob Weaver

Place of Business No 446 Druid Hill Avenue

D. G. Reese M. D.
Medical Attendant.

Address 97 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Clarridge

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 216 Chew St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 25/76

{*Undertaker,* Murphy

{*Place of Business,* 54 N Broadway

Wm. L. Randall M. D.
Medical Attendant.

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10735, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} No 12 Hammond Alley

Cause of Death, { First (Primary,) Syphilitic Heredity
Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Monday, June 26/76

John H. Rehberger M. D.
Medical Attendant.

Undertaker, John Boyle

Place of Business, 75 S. Frederick St Address 243 Alice Anne St.

Extract from "Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 25 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Morris

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* One *Months,* *Days.*

Color,

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 2 years & one month

Place of Death, {Give street and number.} 268 Chew st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Monday Evening 4 o'clock

Undertaker, Richard Hall

Place of Business, Bricklayer

Wm. L. Kunkel M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 190 Lyon St

Cause of Death, {First (Primary,) ~~Convulsions~~ Dentition

{Second (Immediate,) Chal Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25th 1876

{*Undertaker,* John A. Gordon

{*Place of Business,* Park St

James H Keenan M.D.

Address Commissioners of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Brown ~~Father~~ [illegible]

Board of Health, City of Baltimore,

Permit No. 10738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 25 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dunn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years.* *Months,* *Days.*

Color, White

Sex,

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Bull Infirmary

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Cath. Peters Cemetery (R.C.)

Date of Burial, June 25th 1876.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

T. A. Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 25 BALTIMORE

Permit No. 10739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Fisher.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* 6 *Months,* — *Days.*

Color, *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Stone Mason.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} 288 Hamburg St.

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 25 1976

Permit No. 117440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Burroughs

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of ~~Residence in the City~~ of Baltimore,

Place of Death, {Give street and number.} 6 F 4 cor Pratt St

Cause of Death, {First (Primary,) Dysentery

{Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 26/76

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

H. L. Speer M. D.

Medical Attendant.

Address 37 E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 28 *Days.*

Color, Colored. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 211 Mulliken St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 1876

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

Francis H. Sauer M. D.
Medical Attendant.

Address 135 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 10743

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Mary Ann Mebte

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line,}

Age, *Years,* Nine *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Mechanics Court No 7

Cause of Death, {First (Primary,) / Second (Immediate,)} Diarrhea

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 25th 1876

Undertaker, Wm. H. Lange

Place of Business, 16 1/2 East St

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10743

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sigmund Hemmer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 28 Randall St.

Cause of Death, First (Primary,) Gastro

Second (Immediate,) enteritis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius

Date of Burial, 26 th 1876

Undertaker, C. F. Kraus

Place of Business, 209 Hanover st

J. Smith M. D.
Medical Attendant.

Address 118 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Crahan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 200 Lady Aven.

Cause of Death, First (Primary,) Cancer of Stomach.

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetary

Date of Burial, June 26 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10745 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Corderey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy one *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Seventy Years

Place of Death, {Give street and number.} 405 N. Central Ave.

Cause of Death, First (Primary,) Cholera Morbus.

Second (Immediate,) ~~Fever~~ dropsy.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 26th 1876

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

D. Caldwell Ireland M. D.
178 Aisquith St.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Watzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 12 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 S Register

Cause of Death, First (Primary.) Consumption of the Lungs

Second (Immediate.)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 25th

Abram B Arnold M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] Bond st 131 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10747

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Koerner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 27 S. Wolf St

Cause of Death, First (Primary,) Cranitis

Second (Immediate,) .....

Duration of Last Sickness, Don't Know - I was called in on 24th

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 25th 1876

Undertaker, A. Fiske

Place of Business, 244 E. Fayette

James E. Donnelle M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cromwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 87 E. Pratt

Cause of Death, {First (Primary,) Valvular Heart disease

{Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem

Date of Burial, June 26th

Undertaker, W A Daiger

Place of Business, 74 S Broadway

James E Donnelle M. D.
Medical Attendant.

Address 2196 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10749 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1876 BALTIMORE

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsey Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *Days.*

Color, BLK

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, 79 Years

Place of Death, {Give street and number} in Rear 89 S. Ann St

Cause of Death, {First (Primary.) / Second (Immediate.)} Old Age

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 25th 1876

James A Steuart M. D. Medical Attendant

{*Undertaker,* M. A Daiger / *Place of Business,* Broadway} *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10750 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Bishop

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 10 Little Pine st

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24 '76

{*Undertaker,* Wm H. Bishop Jr

{*Place of Business,* 100 Druid Hill ave.

Saml. H. Anderson M. D.
Medical Attendant.

Address Cor. Franklin & Pine sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 11757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1876 BALTIMORE

Date of Death, June 24 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Watts

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, Years, About 10 Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Home of the Friendless

Cause of Death, First (Primary,) Chronic Diarrhea

Second (Immediate,) Convulsions

Duration of Last Sickness, Many weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 25th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 David Hill Ave

J E Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

HEALTH DEPT. JUN 26 1876 BALTIMORE

Permit No. 10752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Mary Amelia Schroeder,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 129 Hill St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum,

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 26th

R. J. H. Tate M.D.
Medical Attendant.

Undertaker, H Meyer

Place of Business, 106 West Harvey Address 15-8. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10753 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Easton.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Thirty five 35 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, Male. Single.

Occupation, Confectioner.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, Twenty five years.

Place of Death, {Give street and number.} Wappet near Fremont.

Cause of Death, First (Primary,) Phthisis pulmonalis.

Second (Immediate,) Six months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

James A Steiner

(Signature) M. D.

Medical Attendant.

Place of Burial, Laurel Cemetery

Date of Burial, June 26.76.

Undertaker, Edward McElroy

Place of Business 148 & Howard st

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.

Board of Health, City of Baltimore,

Permit No. 10757

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Mulato *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltr city

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 64 Raburg street

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 25, 76

Undertaker, Samuel McChase

Place of Business 148 S Howard St

D Darling M. D.

Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11753 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* f *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 23 Harmony Lane

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) Perforation of Intestine

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery C W Cadden M. D.

Date of Burial, June 26 76 Medical Attendant.

Undertaker, Samuel M Chase

Place of Business, 19 E Shroeder St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10756 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Porter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~1~~ *Years,* Eight *Months,* two *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore St Ano 9.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baker St no 6

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem

Date of Burial, June 26

Undertaker, C H Hayward

Place of Business, 201 Pen ave

26 J. Bauer M. D.
Medical Attendant.

Address (Coroner's Office)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 10757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* 11 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 125 Ridgely

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Erysipelas

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 26th 1876

Undertaker, John S Mosher

Place of Business, No 150 Camden St

Edward Lee Lee M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Bell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Maryland

Duration of Residence in the City of Baltimore, Seven Weeks

Place of Death, {Give street and number.} No 76 Welcome alley

Cause of Death, First (Primary,) Carditis

Second (Immediate,) Erysipelas

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Louis Point Easton Md

Date of Burial, June 27 76

Undertaker, Samuel McGraw

Place of Business, 454 Howard st

L. D. Byers *M. D.*
Medical Attendant.

Address No. 146 Hill St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 482)

[OVER.]

...ames as below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wilkins Glenn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 11 *Months,* 26 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 153 N. Charles St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Bright's Disease

Duration of Last Sickness, About two months.

All the above information should be furnished by the Physician.

Place of Burial, Catonsville. Balto. Co. Thomas Shearer M. D.

Date of Burial, June 26th 1876 Medical Attendant.

Undertaker, Henry W. Jenkins & Son

Place of Business, 16 Light St. *Address* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 3 A. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 109 S. Caroline St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 26th 1876

Undertaker, [illegible]

Place of Business, 23 N. Eden St.

Jamie E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y

Board of Health, City of Baltimore,

Permit No. 10761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Glacier

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Eight weeks ~~*Days*~~ 1

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Eight weeks

Place of Death, {Give street and number.} 6. Essex St.

Cause of Death, First (Primary,) Entero Colitis

Second (Immediate,)

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 26 June 1876

Undertaker, John C Shuck

Place of Business, 263 Hanover

D. C. Ireland M. D.
Coroner E Dist.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 10762 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Clay Peters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* ___ *Months,* 10 months *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 116 E Eager St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Diarrhoea

Duration of Last Sickness, About a week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, June 27 - 76

Wm Whitridge M. D.
Medical Attendant.

{*Undertaker,* Jno I Robinson
Place of Business, N E Cor Fremont & Monument St } *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10763 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Albert Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 16 Jenkins Ct

Cause of Death, First (Primary,) Cholera

Second (Immediate,) Infantum

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 1876

Undertaker, William F. Gray

Place of Business, 66 Mulberry St

H Darling M. D.
Medical Attendant.

Address 143 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Ellen Robson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years.~~ 3 *Months,* 23 *Days.*

Color, Colard *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~Cook~~ ~~Cook~~ Martha Cathrun Jones d.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Harford County~~ Md City

Duration of Residence in the City of Baltimore, ~~3 years in city~~ 3 mos 25.

Place of Death, {Give street and number.} No 148 North St

Cause of Death, First (Primary,) Summar Campland of Bowels

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 1876

Undertaker, William J Gray

Place of Business, 63 Mulberry St

F Monck M. D.

Medical Attendant.

Address No 23 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 10765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Ruiger

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 3. *Months,* 15. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 342. Hanover St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Diarhea

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem Baltimore Co

Date of Burial, June 26-1876

Undertaker, J. B Blackistonson

Place of Business, 606 Bate St

Address 146 Hanover St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 10766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Eighteen *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 708 N. Balt. Street

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) ____

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, June 26 1876

Undertaker, J. B. Blackistone

Place of Business, 606 Bolt St

Chas Mayo *M. D.*
Medical Attendant.

Address 306 N. Eaton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 10767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sterling Alexander McCormick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Boy

Age, *Years,* 22 *Months,* 9 *Days.*

Color, White *Sex,* Boy

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt°

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Stockton St

Cause of Death, { First (Primary,) Scarlatina
Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Family grave yd Balto Co

Date of Burial, June 26

Undertaker, C. C. Rohrmayer

Place of Business, 36 Eutaw St

Randolph Winslow M. D.
Medical Attendant.

Address 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

Permit No. 10768

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Shadrack Streets

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Eagle Hotel Hillen St

Cause of Death, {First (Primary.) by / Second (Immediate.)} Inflamation of Liver

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, June 27 1876

James H Heuisler M. D. Medical Attendant

Undertaker, G. C. Rockenmoyer

Place of Business. Exeter St. *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Intermated by Dr Geo L Corse

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10769 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25/76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry K. Buntry.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* 25 *Days.*

Color, White *Sex,* Male.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 140 George St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Hydrocephalus.

Duration of Last Sickness, about ten days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 26th 1876

H. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, Chas. F. Scriven

Place of Business, 271 N Eutaw st Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...oard of Health, City of Baltimore,

Permit No. 10770 OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith R. Small

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

~~Color,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 320 N Stricker St

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of Brain

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26th 1876

Undertaker, Jacob Weaver

Place of Business, 1646 Druid Hill Ave

Thos Sheard M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10771

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie Bertha Elliott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 17 E. Biddle St

Cause of Death, First (Primary,) Tubercular Meningites

Second (Immediate,) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26

Undertaker, Ch Rowing

Place of Business, 186 E. Fayette

E. Jno. Walls M. D.

Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10772 — OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Winfield Daly

Sex, Male & ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 103 Scott St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, June 26th

Undertaker, Wm J. Sickles

Place of Business, 25 S. Eutaw St

A McKinney *M. D.*
Medical Attendant.

Address 76 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10778

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas S. Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* two *Months,* twenty five *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 402 N. Eden St.

Duration of Residence in the City of Baltimore, His life

Place of Death, {Give street and number.} 402 N. Eden St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Inflammation Brain

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 26th 1876

Undertaker, H. H. Heitmuller

Place of Business, 234 N. Gay St.

E. Leroy Jones **M. D.**
Medical Attendant.

Address 67 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10774

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Nicholson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 1 *Months,* ___ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 63 Mulliken

Duration of Residence in the City of Baltimore, 1 yr 1 yr

Place of Death, {Give street and number.} 63 Mulliken St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Effusion on the Brain

Duration of Last Sickness, Like days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, June 26. 1876

Undertaker, C. Hofmann.

Place of Business, 63 N. Eden St.

E. Jos. Wells M. D.
Medical Attendant.

Address 101 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physician, City of Baltimore,

Permit No. 10775

OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Marie Lamp.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ~~Years,~~ ~~Months,~~ 14 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 491 W. Baltimore St.

Cause of Death, {First (Primary,) convulsions.
Second (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 26th 1876

Undertaker, Jacob Gruesin

Place of Business, W. Fayette St

~~Laun... Park~~

Dr. Ferd. Reinhard. M. D.
Medical Attendant.

~~Jacob G...~~

Address West Fayette St. near Pearl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10776

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requir so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora E. Fisher

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mathews Co., Va.

Duration of Residence in the City of Baltimore, Twenty (20) Years

Place of Death, {Give street and number.} 5th & Eutaw

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Congestion

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 26th 1876

Undertaker, W. A. Daiger

Place of Business, 7 & V Bm

G. L. Wilkins M. D.
Medical Attendant.

Address 61 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 10777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~ *Years,* 12 *Months,* ~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 267 Alice Anna St.

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cem. of Holy Cross

Date of Burial, June 26th 1876

Undertaker, W. A. Daiger

Place of Business, 424 S. Broadway

James E. Stamer M. D.
Medical Attendant.

Address 254 Caroline Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 10778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Joseph Dolan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ___ *Years,* 1 *Months,* 9 *Days.*

Color, White *Sex,* ~~Sex,~~

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } 46 Eager St

Cause of Death, First (Primary,) Congenital

Second (Immediate,)

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem'y

Date of Burial, June 26th 1876

Undertaker, Jos F. Byrne

Place of Business, 59 n Liberty St

Charles Lounder M. D.
Medical Attendant.

Address 59 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

Permit No. 10779 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Blake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 38 *Years,* —— *Months,* —— *Days.*

Color, Col

Sex,

~~Married~~ Single ~~Widow~~ ~~Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 12 Hanover St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 34 hours

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, June 26th 1876

E Hale Quinby M. D.
Medical Attendant.

Undertaker, Chas Sheppes

Place of Business, Pratt & Charles Sts Address 151 E Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10780 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank M. Hedges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. Corner Franklin & Green ~~168~~

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, June 26 1876

Undertaker, P. Kummert

Place of Business, 317 Mulberry St

W B Griffith M. D.
Medical Attendant.

Address 117 W. Madison ~~St~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 10781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt. Green.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, six. *Years,* *Months,* *Days.*

Color, Colored. *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 169. Vine St.

Cause of Death, First (Primary,) Scarlet. Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 " 1876

Undertaker, Wm N Dungell

Place of Business, 104 East st

J M Carter M. D.
Medical Attendant.

Address 388 West. Fayette St
Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10782 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Howell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 254, Bank St.

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, June 26th 1876

Undertaker, H C Frecklich

Place of Business, 246 Eastern Av

Wm. Gatz M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 10783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Luckhardt

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Years, 11 Months; Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 100 Front Ave

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 100 Front Ave

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtary

Date of Burial, June 26th 1876

Undertaker, 76 Fruchlich

Place of Business, 246 Eastern Av

Geo. H. Dimon M. D.
Medical Attendant.

Address 114 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10784

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Talbot Jones Martindale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 25 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During his life

Place of Death, {Give street and number.} No 50 North Calhoun st

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 27th 1876

Undertaker, H. B. Cook

Place of Business, No. 707 W. Baltimore Street

D. P. Hoffman M. D.

Medical Attendant.

Address Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Health, City of Baltimore,

Permit No. 10785 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma B Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 Months *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Lombard St. Cor Holland alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 26th 1876

Undertaker, J. B. Cook

Place of Business No 707 W Baltimore Street

John Neff M. D.
Medical Attendant.

Address 557 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore.

Permit No. 10786 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Ed. Coleman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 25 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 188 Warner St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Chol Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 1876

Undertaker, S. W. Chase

Place of Business, Eutaw St

James F. Heuisler M. D.

Medical Attendant

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Rebe Coleman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 10787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Captain Finch Schley -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 — *Years,* — *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 273 Hollins St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md — W. R. McSherry M. D.

Date of Burial, June 27 1876 Medical Attendant.

Undertaker, Wm. Jenkins Son *Address* 382 W. Fayette St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transcript 483)

Board of Health, City of Baltimore,

Permit No. 10788 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha G Bond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 years. *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Store keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all home

Place of Death, {Give street and number.} 89 South Caroline st.

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26 1876

Undertaker, Wm L Langley

Place of Business, 114 East St

John H Connee M. D.
Medical Attendant.

Address 286 E. Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 10789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Schmidt.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 10 *Days.*

Color, White *Sex,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alecean Street N. 218. Baltimore

Duration of Residence in the City of Baltimore, 9 Months 10 Days.

Place of Death, {Give street and number.} Alecea. Street 218

Cause of Death, First (Primary,) ... Second (Immediate,) Cholera infantum

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial; Fleet Street Cimetre

Date of Burial, June 26 1876

Undertaker, ...

Place of Business, ... *Address*

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 10790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Maryland

Duration of Residence in the City of Baltimore, forty four years

Place of Death, {Give street and number.} 394 Corp 2d

Cause of Death, {First (Primary,) Phthisis Pulmonalis; Second (Immediate,) Exhaustion}

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician

Place of Burial, Woodlawn Cemetery

Date of Burial, June 25 1876

Undertaker, Samuel H Chase

Place of Business, 148½ Howard St

J Harvey Gill M. D.
Medical Attendant.

Address 96 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10791

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Winter St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Catholic

Date of Burial, June 26 76

Undertaker, [illegible]

Place of Business, [illegible] Howard St

D. E. Atkinson M. D.
Medical Attendant.
per W. G. Harrison M.D.
Address 69 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 10792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 26 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel LaBane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 243 Lee St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Loudan Park

Date of Burial, June 27th

M. Gurney *M. D.*
Medical Attendant.

Undertaker, Armstrong Denny

Place of Business, 263 Light St *Address* 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Dorman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* 3 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~? {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 143 Dover

Cause of Death, {First (Primary,) Cerebral Congestion; Second (Immediate,) Convulsions}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, June 27 1876

Undertaker, Henry Mayer

Place of Business, 106 N. Howard *Address* 55 N. Green St

W. H. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Hannon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 1. *Months,* ~~9~~ 16 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 167. S. Eden Street

Duration of Residence in the City of Baltimore, Since his birth

Place of Death, {Give street and number.} 167. S Eden Street

Cause of Death, First (Primary,) Spasmen

Second (Immediate,)

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Fleet Street Burial

Date of Burial, June 27 1876

Ernst Hamel. M. D.
Medical Attendant.

Undertaker, Jacob Bucher

Place of Business, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

Board of Health, City of Baltimore,

Permit No. 10795 — OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1896 BALTIMORE

Date of Death, morning of June 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Alexander Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years.~~ *Months,* ten months ~~Days.~~

Color, Black *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ever since birth

Place of Death, {Give street and number.} Back Alley No 107

Cause of Death, {First (Primary,) Cutting Teeth

{Second (Immediate,) Cholera Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 26

C. Zydnys — M. D.
Medical Attendant.

{*Undertaker,* ~~Mr. Black~~ Jacob Davis

{*Place of Business,* ~~Conway St. Between~~ 107 Aisquith St. Address University Hospital
~~Howard & Sharp~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

D A K S A F E

Board of Health, City of Baltimore,

Permit No. 10796 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Ward

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 5 Years Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Point of

Cause of Death, {First (Primary.) Cholera Infantum / Second (Immediate.)}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 26th

Undertaker, Jacob Davis

Place of Business, 103 Lee

Geo. H. Denson M. D.
Medical Attendant.

Address 114 Hanover & Clay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 10797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Batchelor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 81. Hanburg

Cause of Death, First (Primary,)

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem Rexford Bond M. D.

Date of Burial, June 27th 1876 Medical Attendant.

Undertaker, Armstrong & Sons

Place of Business, 269 Light St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10798 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Sloan.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ——— *Years,* 9 *Months,* 6 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 45 S. Eyler St.

Cause of Death, { First (Primary,) Gastro Enteritis
Second (Immediate,) Congestion of Brain.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Pallo Cove

Date of Burial, June 27th 3 P.M.

Undertaker, Reid Hall

Place of Business, 233 E. Balto. *Address* 72 E. Pratt St.

Jno. F. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 10799

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R Harry Wilson

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 18 *Years,* 11 *Months,* 3 *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 211 W Lombard St

Cause of Death, First (Primary,) Hysteria Pulmonalis

Second (Immediate,) Quinsy

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, June 27/76

Undertaker, Loughborough

Place of Business, 65 & 67 Broadway *Address* 189 W Lombard St

Richd. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 4844)

Board of Health, City of Baltimore,

Permit No. 10800

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 27 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H. Lane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 04 *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 587 N. Gay Street

Cause of Death, {First (Primary,) Dysentery / Second (Immediate,) Congestion of the brain

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery *Medical Attendant.* Willis A Taylor M. D.

Date of Burial, 31st Inst

Undertaker, George Shilling

Place of Business, Cor Aisquith & Monument st *Address* 103 & 1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10801 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 26 June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Francis Meagher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Mechanic Division

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 27th 1876

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw st

Maubury Brown M. D.
Medical Attendant.

Address 241 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE ... JUN 27 1876

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. Cor. Chester & Canton Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 27th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 41 Canton Ave.

Edwd J. McShane M. D.
Medical Attendant

Address 254 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10803

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 7 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hous St — No number

Cause of Death, {First (Primary,) Congestion of Brain — Stom

{Second (Immediate,) ache & bowels

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Ground

Date of Burial, June 27th 1876

C. I Williams M. D.
Medical Attendant.

Undertaker, H M Gibmeyer

Place of Business, 341 Eastern Ave. *Address* Nos 33 & 35 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 10804 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Wagoppler

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 45 *Years,* 10 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, { Give street and number. } 5 James. Alley

Cause of Death, { First (Primary,) ... Second (Immediate,) Phthisis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28

{ *Undertaker,* Henry Boricke
{ *Place of Business,* Hennitta

Sheldon Bond M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRATION DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Henry~~ George Krebs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 64 Mc Elderry ext

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, About five days-I was called on the 25th

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 27. 1876

Undertaker, Chas Keerig

Place of Business, 136 E Dayet

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Amelia Doss.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 4 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 71. Caroline St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 28

Undertaker, Ch Roszing

Place of Business, 136 Fayette

S. H. Bledsoe M. D.
Medical Attendant.

Address 29 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10807

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry S. Tabar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Con~~ Forest ~~?~~ Cafe Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} Cor Forest & Eager Sts

Cause of Death, First (Primary,) —

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 27th 1876

Silas H Hunter M. D.
Medical Attendant.

Undertaker, Wm Leonardson

Place of Business, Balto St near Oregon *Address* 111 Greenmount Ave 1876

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10808 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gno Mahoney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 25 or 30 years

Place of Death, {Give street and number.} Frederick St Dock opposite No 62

Cause of Death, First (Primary,) Accidental Drowning

Second (Immediate,)

Duration of Last Sickness, A sudden death

All the above information should be furnished by the Physician

Place of Burial, Potters Field

Date of Burial, June 26

Undertaker, Charles Stiegner

Place of Business, Pratt & Leister

Edmund D Walker M. D.
Medical Attendant.

Address Coroners S D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathew Gibbs,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 8 *Years,* 0 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 169 Eutaw St Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 169 Eutaw St Balto

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cemetery

Date of Burial, June 27th 1876 Ridgway Andre M. D.
Medical Attendant.

Undertaker, Chas. Pressing

Place of Business, 136 E Fayette. *Address* Nr. E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

Permit No. 10810 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johnson Wirth

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 292 E. Eager St

Cause of Death, { First (Primary,) Dentition / Convulsions / 5 Days

{ Second (Immediate.)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 28 1876

Undertaker, Henry Hecht

Place of Business, 32 Central Ave Address

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 10811

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Burton Reamer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 486 Saratoga St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 486 Saratoga St

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27th 1876

Undertaker, P. Kinnucan

Place of Business, 347 W. Lexington St.

W. R. McKenzie M. D.

Medical Attendant.

Address 582 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Gross

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* —— *Months,* —— *Days.*

Color, Cold

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 Dover Street

Cause of Death, {First (Primary.) old age / Second (Immediate.) Senile decay

Duration of Last Sickness, 4 years —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, June 27 1876

Undertaker, H W Lankinau & Co *Address* Coroners of Hosp & Registration

Place of Business, Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jas R. Morris 13 N. Chas ~~St~~ Ave.

Board of Health, City of Baltimore,

Permit No. 10818

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Collins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* Seven *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 Durham, Jr.

Cause of Death, { First (Primary,) Unknown.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, June 26

{ *Undertaker,* Charles Stupp
{ *Place of Business,* Pratt & Chesters

S. Caldwell Cleland M. D.
Coroner E. Dick Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10814

OFFICE OF REGISTRAR OF VITAL STATISTICS

JUN 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Amelia Lubreay

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Three *Months,* Eleven *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 195 North Caroline St.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera infantum

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, June the 28th

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, George Shilling

Place of Business, Corner Aisquith and Monument Address 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JOHNS HOPKINS HOSPITAL JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Schaffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 127 Aliceanna Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, June 27th 1876

Undertaker, H Frechlich

Place of Business, 246 Eastern Av

Wm J Gatch M. D.
Medical Attendant.

Address 2 Aliceanna Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 10816 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Rupel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 8 *Months,* 3 *Days.*

Color, white *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nassau Germany

Duration of Residence in the City of Baltimore, nine years

Place of Death, {Give street and number.} No 57 W. Frederic Street

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) General Tuberculosis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28th 1876

Henry Salzer M. D.
Medical Attendant.

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Ave *Address* 165 W Lombard Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 10817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE BOARD OF HEALTH JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Evylin Auld

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ____ *Years,* 6 *Months,* 14 *Days.*

Color, White *Sex,* ____

~~*Married*~~, *Single*, ~~*Widow or Widower?*~~ { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 6 yrs Over

Place of Death, { Give street and number. } Cor Aisquith & Federal Sts

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) ____

Duration of Last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem't Richd W Eastwood M. D.

Date of Burial, June 28- 76 Medical Attendant.

{ *Undertaker,* John S Rodmaycr *Address*

{ *Place of Business,* N E Cor Gunnmt ave & Gunnmt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10818 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24- 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Lenard.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 3 *Months,* ~~Days~~.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Lyn[illegible] Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot. Infl. Asylum.

Cause of Death, First (Primary,) Malnutrition.

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 27

C. F. Bruan M. D.
Medical Attendant.

Undertaker, C. W. Blizzard Address 241 Fairmount ave.

Place of Business, 201 Eutaw ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10819. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth H. Brizely.

~~*Sex,* *Male* or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~*Years,*~~ 6 *Months,* *Days.*

Color, White

~~*Married,* *Single,* *Widow* or *Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} Infant Asylum

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 27

Undertaker, C H Blizzard

Place of Business, 201 Penna Ave

C. F. Brune M. D.
Medical Attendant.

Address 241 Lombard for Journal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 10820

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R[illegible] Woodruff

~~Son~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 Months *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Charles St. ave

Cause of Death, {First (Primary.) Cholera Infantum / Second (Immediate.)}

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 27th 1876

{*Undertaker,* Jacob Weaver / *Place of Business,* No 4 + 6 Druid Hill Avenue}

Chas O'Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 10821 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stola

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seven months ~~Years.~~ 7 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 127 Hollins Street

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, June 27th 1876

{*Undertaker,* Adam Weidemeyer
{*Place of Business,* 518½ W. Baltimore St.

J. R. Hammond M. D.
Medical Attendant.

Address 296 Hollins Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Whalan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 182 Burgundy alley

Cause of Death, {First (Primary,) Consumption. Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 28/76

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St

J. L. Shein M. D.
Medical Attendant.

Address 376 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10823

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 1 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Forest Place

Cause of Death, {First (Primary,) Inanition, Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 28 1876

Undertaker, James P Byrne

Place of Business, N 63 N Front St

Geo. C. Raynolds M. D.
Medical Attendant.

Address 342 Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1824

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Smothers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* four *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bulle City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 16 Jenkins ally.

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,)}

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27 1876

{*Undertaker,* Hellom & Gray

Place of Business, 66 Mulberry St

A Dasking M. D.
Medical Attendant.

Address 143 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10825. OFFICE OF REGISTRAR OF VITAL STATIS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lehr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Leight & Amity Sts

Cause of Death, First (Primary,) Retention -

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Friday 4 Weeks - Secondary 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, June 28th 1876

A. A. Layton M. D.
Medical Attendant.

{*Undertaker,* Adam Heidemeyer
Place of Business, 518½ W. Baltimore St.

Address 143 Leight St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore.

Permit No. 10826 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Frances Wise

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Bruce St

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St. Patricks Cemetery

Date of Burial, June 28 1876 James A Keen M. D.

Undertaker, Peter Kummert

Place of Business, Mulberry St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Andrew Wise Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10827 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Leary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Miller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 24 years in U. S.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 3 Hall alley

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery Govanstown C. A. Locke M. D.

Date of Burial, June 28 1876 Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St Address Carlin & Hannon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 10828 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* *Days.*

Color, Col

Sex, Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 8 N Durham St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, During life. Have not seen it for some weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28th 1876

{*Undertaker,* Welch & Lingle

{*Place of Business,* N 109 East St.

A Z Sherbier M. D.
Medical Attendant.

Address 11 S Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

FILM

Board of Health, City of Baltimore,

Permit No. 10829

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

Date of Death, June 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Hetter Hetter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, (Color)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} No 82 Chestnut St

Cause of Death, {First (Primary,) Sunstroke / Second (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 76

Undertaker, Wm. A. Lawrence

Place of Business, 119 East St.

Edwd R Walker M. D.
Medical Attendant.

Address 186 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

Board of Health, City of Baltimore,

Permit No. 108311 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County – had

Duration of Residence in the City of Baltimore, a Year & a half (1½)

Place of Death, {Give street and number.} 17 Wasche St.

Cause of Death, First (Primary,) Enteric Colitis

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, June 28/76

Undertaker, J. B. Cook.

Place of Business, No 1072 W. Baltimore

J. Shelton Hill M. D.
Medical Attendant.

Address 432 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

...Baltimore,

Permit No. 10831

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

Date of Death, June 24, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Marsh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Bright *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 303 Hanburgh St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 303 Hanburgh St

Cause of Death, First (Primary,) Chol infantum

Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1876

Undertaker, H M Chase

Place of Business, No 198 Howard St *Address* 260 South Eutaw St Balt city

J T Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 10832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE ~~OF~~ DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson L. Simmons

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 176 South Howard St.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1876

Undertaker, S M Chase

Place of Business, No 198 Howard St

R. M. Hall M. D.
Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 10.833 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Flaherty

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 454 E. Lombard St.

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, June 28th 76

Undertaker, ~~J. H. M.~~ Gibney & Co

Place of Business, 341 Canton Ave.

S. S. Rust M. D.
Medical Attendant.

Address Balto Mach. 06.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ner of Health, City of Baltimore,

Permit No. 10834 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Lenz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Eight *Months,* Seven *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} N 242 Conway st

Cause of Death, First (Primary,) ... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Jun 28th 1876

Undertaker, Phs. I. Dill

Place of Business, N 183 Columbia st

F. H. Ratard M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Bureau of Health, City of Baltimore,

Permit No. 10835 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Hohn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 56. *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 2. Clement St

Cause of Death, First (Primary,) ... Second (Immediate,) Cholera Morbus

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem *of* Thorough Cut Co M. D.

Date of Burial, June 29th 1876 Medical Attendant.

Undertaker, Julius Kochler *Address* 146 Hanover St.

Place of Business, Cor Sharp & Cross St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 10836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wilk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* — *Days.*

Color, ... *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 178 Hamburg St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Acute Hydrocephelus 8 or 9 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 28 th 1876

R. J. H. Tall M. D.
Medical Attendant.

{*Undertaker,* Julius Koehler
Place of Business, Cor Sharp & Cross} *Address* 150 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 10837 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeser Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 39 Biddle Al -

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 28 1876

Eldridge C. Rice M. D.
Medical Attendant.

Undertaker, Family

Place of Business, 39 Biddle St Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 10838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S E Amelia Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* 2 *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 434 Cross St

Cause of Death, {First (Primary.) Brights Disease

{Second (Immediate.)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, June 28th 1876

{*Undertaker,* Charles F. Herold

{*Place of Business,* 161 Hanover St *Address* 76 S Paca

H. H. Cuney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10839

OFFICE OF REGISTRAR OF VITAL STATIST

JUN 28 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose McAdams

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corr Fort Ave & William st

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Supposed Did not see the child during illness this certificate simply to oblige the parties —

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 28 1876

Undertaker, Julius Koehler

Place of Business, Cross St *Address* 154 Shaft St

S Tull McAdams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 10840

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death; June 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kutzinger

Sex, Male or Female; {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 161 Madeira alley

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, June 28 1876

Undertaker, H. Pander

Place of Business, 25 N Caton Ave

James H ... M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Henry Kutzinger Father [OVER.]

...ard of Health, City of Baltimore.

Permit No. 10841

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Cox

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* One *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, doubtful

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Davis St

Cause of Death, {First (Primary,) — Second (Immediate,) Trismus Nacentium

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Potters Field

Date of Burial, June 28 1876

James A Steuart M. D.
Medical Attendant

Undertaker, Chas Sheppen

Place of Business, Pratt & Chester St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Officer Mills - Middle Dist

[over]

...Board of Health, City of Baltimore,

Permit No. 10843 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel C. Chandler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —— 8 mos

Place of Death, {Give street and number.} N 359 Druid Hill ave

Cause of Death, First (Primary,) ...

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, 28th June 1876

H. Chatard M. D.
Medical Attendant.

Undertaker, Thos. W. Jenkins & Son

Place of Business, 16 Light St *Address* N 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10843 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. H. Young Jr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married, Leaves a Wife

Occupation, Ass. Collector for Gas Co. of Balt. City

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 358 E. Fayette Street

Cause of Death, First (Primary,) Accidents received from a fall

Second (Immediate,) Pyaemia

Duration of Last Sickness, 16 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 28th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw st *Address* 75 W. Broadway Bolton Station

Wm. J. Faud & G. Peck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis W. Wolfe.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, fifty *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation, Wholesale grocer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Twenty seven years.

Place of Death, {Give street and number.} 119 West Lombard.

Cause of Death, First (Primary,) Apoplexy,

Second (Immediate,) excitement

Duration of Last Sickness, Four hours.

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, June 28 1876

Wm H. Rockes, M. D.
Medical Attendant.

Undertaker,

Place of Business,

Address 163 West Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Flannigan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 y *Years,* *Months,* *Days.*

Color, white *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 153 Park ave

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage from lungs a week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eastern Shore Md.

Date of Burial,

Undertaker,

Place of Business,

C B Gamble M. D.
Medical Attendant.

Address 40 Richmond Mkt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11846

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Onora Befferling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years —

Place of Death, {Give street and number.} 28 S. Dallas

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) do —

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Family Lot Greenmount Cemetery.

Date of Burial, June 29th.

Liazolmann M. D.
Medical Attendant.

Undertaker, Learhard & Kuper

Place of Business, S. Bond St. Address 28 S. Forth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jun 27 — 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry W. Rodgers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* — *Months,* — *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Lacerated wounds of both arms with fracture of Spine, {Secondary, or Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, June 28th

Undertaker, T. J. Hamuth

Place of Business, 424 Saratoga St.

A. L. Wolfe, M. D.
Medical Attendant.

Address Washington University Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 10848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Laticia Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* 2 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 578 Aisquith St

Duration of Residence in the City of Baltimore, 7 M. 2 6 D.

Place of Death, {Give street and number.} 370 Hartford Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 28/76

R. G. Watson M. D.
Medical Attendant.

Undertaker, Jno T. Newman

Place of Business, 201 E. Madison *Address* 434 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meyer. Fuld

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, allts Life

Place of Death, {Give street and number.} 79 Orleans Cholera Infantum

Cause of Death, First (Primary,) — do —

Second (Immediate,)

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery C R Coleman M. D.

Date of Burial, June 28th 1876 Medical Attendant.

Undertaker, Wm Edlow

Place of Business, 101 Gough St *Address* 86 - 2 - [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 10850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5r *Years,* Fifteen *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 93 Pearl Street

Cause of Death, First (Primary,) Hydrocephalus and Spina Bifida

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Fourteen Days

All the above information should be furnished by the Physician.

Place of Burial, Point Cemetery

Date of Burial, June 28 1876

Undertaker, M. Gold Smith

Place of Business, 97 Eden St *Address*

A Friedenwald M. D.
Medical Attendant.
88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 11857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret Ward

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 92 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland — 23 years —

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 16 S. Bethel Street

Cause of Death, {First (Primary,) Old Age / Second (Immediate,) Senile decay —

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, June 29th 1876

Undertaker, Jas P. Byrne

Place of Business, Front St —

James Allen M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lawrence Ward — her son —

[OVER.]

...ment of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 10852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

Date of Death, June 27. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamine Nelson

~~*Sex,* Male or *Female*~~, {Cross out the word not required in this line.} —

Age, 30 *Years,* — *Months,* — *Days.*

Color, "White"

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} —

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sweedan

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} Washington University Hosp

Cause of Death, {First (Primary,) Malahia — followed by
Second (Immediate,) Abcesses of liver, & peritonitis

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, 28 July 1876

Undertaker, John C. Sind

Place of Business, 165 Mercer st

A L Wolfe M. D.
Medical Attendant.

Address Washington University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 10853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Davison

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and number. } 169 N. Calvert Street

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 29 1876

Undertaker, H W. Lenkin & Son

Place of Business, 16 Light St.

A. T. Bell M. D.
Medical Attendant.

Address 306 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 11857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Matilda Eichelberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow, Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, About 74 Years

Place of Death, {Give street and number.} 181 N. Howard St

Cause of Death, First (Primary,) Mammary Cancer

Second (Immediate,)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y *Medical Attendant.* N. G. Ridgely M. D.

Date of Burial, June 29th 1876

Undertaker, John L. Weaver *Address* 352 Madison Ave

Place of Business, 22 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Wilson Swift

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 20 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 219 Orleans Street

Cause of Death, First (Primary,) Meningitis Tuberculosis

Second (Immediate,)

Duration of Last Sickness, about 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mount olive Cemetery

Date of Burial, June 28 at 4 o'clock

Chas. J. Kluber M. D.
Medical Attendant.

Undertaker, Richard Hall

Place of Business, 233 E Baltimore *Address* 222 & 224 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 1856

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Small

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore County

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 142 Caroline Street

Cause of Death, First (Primary,) Scrofulosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 Years

All the above information should be furnished by the Physician

Place of Burial, Mt Wm Evergreen Cemetery

Date of Burial, June 29th 1876

James A. Reed M. D.
Medical Attendant.

Undertaker, William A. Lounge

Place of Business, 118 & 120 East St. Address 138 N Eden St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 10857

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27. 6. 76 June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Noeth

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 5 *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 S. Durham Street

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Eclampsia

Duration of Last Sickness, 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 28 th.

Undertaker, Hendrick Diffpel

Place of Business, S. Bond St. 151

F. Jakes M. D
Medical Attendant.

Address 241 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

0858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Heineman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty-six years

Place of Death, {Give street and number.} 346 E. Lombard St.

Cause of Death, {First (Primary,) Cardiac mischief (mitral,} {Second (Immediate,) Insufficiency}

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, 29th June

G. G. Rusk M. D.
Medical Attendant.

Undertaker, Wendelin Dippel

Place of Business, 151 S. Bond St.

Address Balt & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permi... 0859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

Date of Death, June 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Moriaty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 16 *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Division Street No 1 Balt-

Duration of Residence in the City of Baltimore, 16 Days

Place of Death, {Give street and number.} No 1 Division Street

Cause of Death, First (Primary,) ...
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery G H Adams M. D.
Medical Attendant.

Date of Burial, June 28

Undertaker, S. B Cook

Place of Business, No 707 E Baltimore Street *Address* 215 Broadhill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph P. Bell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 8 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 189 Ramsay St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 29th June 1876

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

H. L. Hyson M. D.

Medical Attendant.

Address 345 N Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 10861 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Crowfoot

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 174 Johnson St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 1st 1876

{*Undertaker,* J. B. Cook

{*Place of Business,* 707 W Balto St

W. R. Ashler M. D.
Medical Attendant.

Address 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be ... of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice ... within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, ... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) ... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Broderick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 the S

Cause of Death, {First (Primary,) Stricture Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 29 th

Undertaker, H.C. Wiedefeld

Place of Business, 118½ N Calvert St

E. Wallis Hanford M. D.
Medical Attendant.

Address 12 W Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud E Daniels

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, X *Years,* 10 *Months,* 22 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 S. Paul St

Cause of Death, {First (Primary.) Insolation. Second (Immediate.) exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, 29th June 1876

Undertaker, Ayd & Jenkins & Son

Place of Business, 16 Light St *Address* 55 N Green St

W. H. A. Kent *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 11864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Richard J Davies

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one Year *Years,* Eleven *Months,* Three *Days.*

Color, White *Sex,* male

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carbondale Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 389 Eighth st. Balto.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemet

Date of Burial, June 29 – 1876

Undertaker, John J Rodenmayer

Place of Business, NE cor Fremont ave & monument st

M. B. Bibbins M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

0815

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [redacted] Mary E Hahnemann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 30 hours ~~Years, Months, Days~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 10 Sterritt St Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 Sterritt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Tedious labor - Instrumental delivery Still birth - resuscitated with good prospects But the strong heart of 28th thrusts the infant

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 28th 1876

Undertaker, Family

Place of Business, No 10 Sterritt St *Address* 512 So Balto St

& Gover Cox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

...City of Baltimore,

Permit No. 0866 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

Date of Death, June 28. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Cotwall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* E *Months,* 9 *Days.*

Color, white *Sex,* male /

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 1/2 N Carey to, St

Cause of Death, {First (Primary,) Cholera Infant, Second (Immediate.) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alfous Cemetry

Date of Burial, 29 of Jan

Undertaker, Adam Fink

Place of Business, 461 W. Pratt St

H. Lichman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

...State, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 10867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. H Shulenburg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 E. Lombd.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th 1876

Undertaker, James P. Byrne

Place of Business, 63 North Front St.

Adam B Arnold M.D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 11868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

Date of Death, 28th. June 1876 6 o'clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Storch.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line,}

Age, — *Years,* 4 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Dallas street 312.

Cause of Death, {First (Primary,) / Second (Immediate,)} Meningitis Ł acuta.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. peters Cemetary

Date of Burial, 29 June

Undertaker, Jr. Bulcan

Place of Business, 36. Thames St.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S

1879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella Colburn

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 8 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 238 Vine St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Twenty days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June. 29. 1879

Undertaker, William F. Gray

Place of Business 65 Mulberry

Geo H. Dyster M. D.
Medical Attendant.

Address # 1 Wanaley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Per... 1870 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Garretson Ross.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, C *Sex,* M.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number.} 6 Boyer St.

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Dropsy.

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetry

Date of Burial, June 28 1876

Undertaker, John H Lock

Place of Business, 48 & 8 Wolf St *Address* 186 Aisquith St.

H. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 1871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years.~~ 2 *Months,* *Days.*

Color, Color'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 160 Springs St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 160 Springst No 1

Cause of Death, First (Primary,) Summon Camplaint

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Lowrel Cemitry

Date of Burial, June 28th 1876

Undertaker, John W. Loveless

Place of Business, 58 & Wolf st

P Block M. D.
Medical Attendant.

Address No 23 Bath st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

10872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Gladden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 88 *Years,* *Months,* *Days.*

Color, MK *Sex,* Female

~~*Married, Single,* Widow or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 29 N. Calvert St -

Cause of Death, { First (Primary,) old age / Second (Immediate,) diarrhoea

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29 1876

{ *Undertaker,* H W Chase & Co

{ *Place of Business,* No 198 W Howard St

W. G. Harrison Jr. M. D.
Medical Attendant.

Address Balto General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI...

Form 0873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Rickard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 yrs!

Place of Death, {Give street and number.} 35. N. Dallas. Alley,

Cause of Death, First (Primary,) Concussion of Brain.

Second (Immediate,) do

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 29th

C. A. Dohme M. D.
Medical Attendant.

Undertaker, Michael Frantz *Address* 86. S. Fayette St.

Place of Business, No. 35 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATI...

1874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Neugelbauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 N. Wolf Street

Cause of Death, {First (Primary,) Convulsion
Second (Immediate,)}

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 29 1876

Undertaker, John Braun

Place of Business, Wolf St

Address Commiss of Health & Registrar

M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...City of Baltimore,

1876 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A Carback

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Twenty six

Place of Death, {Give street and number.} 193 North Bond st

Cause of Death, {First (Primary,) / Second (Immediate,)} Pardyzis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Camp Chapel Balto

Date of Burial, June 30th 1876

Milton A Taylor M. D.
Medical Attendant.

Undertaker, Wm H Eichman

Place of Business, 2340 Gay St. *Address* 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

1876 OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1876 BALTIMORE. HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, June 28. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Washington Gorsuch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 5 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 330 N. Caroline St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th

Undertaker, Geo Schilling

Place of Business, cor Aisquith & Monument sts *Address* # 305 N. Caroline

A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno O Leary

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 68 Eastern ave

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,) Psoas abscess

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, June 30th 1876

Undertaker, Henry W Mears

Place of Business, 45 N Gay St

Thos D Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore.

1878.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 29 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Martha Callahan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 11 n Cookesie St

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 29 1876

Undertaker, Wm Fiery

Place of Business, Bowdoway

Address Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...Health, City of Baltimore,

10879 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sun 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George E. Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 167 Shaft St

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 29th

M. D.
Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, Gay St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

0880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May E. Harris

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* — *Months,* 14 *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 17. Stockholm St.

Cause of Death, {First (Primary,) I have seen the Child since the day of birth. Supposed Cause - Marasmus

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 29th 1876

Undertaker, John L Mercher

Place of Business, No 150 Comden St

Gordon Code M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 29 1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolph Reidlage

Sex, Male ~~& Female,~~ {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word is not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No 289 S. Bond St.

Cause of Death, {First (Primary,)} Old age

{Second (Immediate,)} Dysentary

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician

Place of Burial, Druid Cemetary

Date of Burial, June 30th

Undertaker, Leonhard Faur

Place of Business, S. Bond St.

A. F. Erich *M. D.*
Medical Attendant.

Address 9th S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B. Loane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Thirty Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 101 Mulliken St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetary

Date of Burial, June 29 1876

Undertaker, James O'Byrne

Place of Business, N° 63 W Grant St

I J Gus M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

Date of Death, June 28. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ema Augusta Hesse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Leonhart Kurz

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 Lonst.

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera infant.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetary

Date of Burial, June 29/

Undertaker, Leonhart Kurz

Place of Business, 141 Law Street

C Hoffmeier M. D.
Medical Attendant.

Address 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...alth, City of Baltimore,

Permit No. 10884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann McNichols

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 129 Hudson St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cimetery

Date of Burial, June 29th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av.

E. J. Williams M. D.
Medical Attendant.

Address 70 E Ellis St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ity of Baltimore,

Permit No. 10885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilia Blanch Emerick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Ten *Months,* Ten *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 347 N Bond St.

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) Cholera Infantum

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Wilton N Taylor M. D.

Date of Burial, June 30th Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Physick & Monument Sq Address 160 North Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

...1886 OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Blanche Virginia Gamp

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 10 *Months,* *Days.*

Color, Wh. *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 217 Pine

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate.) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'ty *J. G. White M. D.*

Date of Burial, June 29th 1876

Undertaker, Wm. A. Lingo *Medical Attendant.* None

Place of Business, 216 Ky East st. *Address* No medical aid was called in Neither was there any

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

887

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonhardt. Vogt.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 4 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 76 Eroff St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 30 1896

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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1888.

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Fehn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bruce St. No 3

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Spasm

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Aspanses Cemetery

Date of Burial, June 30th 1876

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St

D. L. Buddenbaum M. D.
Medical Attendant.

Address 126 E. Columbia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Daley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 24 yrs

Duration of Residence in the City of Baltimore. 20 years

Place of Death, {Give street and number.} 239 Hamburg St

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Asthenia

Duration of Last Sickness, 10 months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 30th 1876

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Medical Attendant. [illegible] M. D.

Address 150 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Moore.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, One Months, ~~Days~~.

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, ~~Probably for~~ Life

Place of Death, {Give street and number.} Pool. Infth. Azylum

Cause of Death, First (Primary,) Malnutrition

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Fowden Park

Date of Burial, June 29

Undertaker, C. W. Bizzard

Place of Business, 201 Penn av

C. F. Bryan M. D.
Medical Attendant.

Address 241 Linden Av Cor Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of ~~Baltimore~~.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

Date of Death, 29, June, 6, 0 clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Maria Baxter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, _____ *Years,* Seven (7) *Months,* Nineteen (19) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 7 Columbia Avenue

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Ramsay St opposite Pratt St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Three weeks (3)

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 30 1876

Undertaker, Charles D. Herold *Address* 157 W. Henry St

Place of Business, 161 Hanover St

Charles Eldridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gabriel Cohen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 11. *Months,* ____ *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 252 S. Charles St

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Christ Church Court

Date of Burial, June 30th 1876

Undertaker, Charles F. Todd

Place of Business, 161 Hanover St

F. W. Webster M. D.
Medical Attendant.

Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10893

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Welsh

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 13 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} No 7. S. Pine st

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 29th

Undertaker, Blackistone & Son

Place of Business, 106 Balto st

James A Steuart M. D.
Medical Attendant.

Address 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish withjn forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

Date of Death, June 28th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Schlegel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 224 Eastern Avenue

Cause of Death, First (Primary,) Internal Convulsions

Second (Immediate,) ...

Duration of Last Sickness, A few hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. John H. Rehburger M. D.

Date of Burial, June 28th. Medical Attendant.

Undertaker, H. Deifpel *Address* 2143 Alice-Anne St.

Place of Business, S. Bond St. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

Date of Death, 28th June 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Fellers

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 171 Mulliken street

Cause of Death, {First (Primary,) Colored Infantum

Second (Immediate,) Eclampsia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1876

{*Undertaker,* John W. Locke

{*Place of Business,* 57 S. Wolfe st *Address*

F Hatte *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James R. Tolson

Sex, Male or ~~Female~~, {Cross out the word not required in this line,}

Age, *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 614 E. Monument St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dulaney St Cemetery

Date of Burial, June 30th 1876

Undertaker, John H. Leach Jr

Place of Business, 67 S. Wolfe St

J. D. Grason M. D.
Medical Attendant.

Address 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* ... *Months,* ... *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 31 Arch St

Cause of Death, First (Primary,) (Typho Malarial Fever)

Second (Immediate,) Congestion Chills

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1876

Jn. A. Gibbs M. D.
Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 311 Mulberry St *Address* 23 N. Gruner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10898

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H Essemann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 2½ S Exeter St corner of Water

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, June 30

Undertaker, Wm Hoffmann

Place of Business, 36 Bank St

D Webster Gaither M. D.
Medical Attendant.

Address 2½ S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Russell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Hallally

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, June 30th 1876

Undertaker, James P. Byrne

Place of Business, Front St

H. W. Webster M. D.
Medical Attendant.

Address 37 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y ▲ F I L M ■

...City of Baltimore,

Permit No. 10900

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Kennedy

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 56 *Years,* ~ *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, { Give street and number. } Conway St 121

Cause of Death, { First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brea

Date of Burial, June 30th 76

Undertaker, F. B Cook

Place of Business, Baltimore one Door West of Shroeder

J H R Wilson M. D.
Medical Attendant.

Address No 4 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

...ard of Health, City of Baltimore,

Permit No. 10901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Sarah Allen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 137 Dover St.

Cause of Death, {First (Primary.)} {Second (Immediate.)} Hydrocephalus

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1876

James A Steuart M. D.
Medical Examiner.

Undertaker, Jacoby Davis

Place of Business, Lee St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Permit No. 18902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Maria Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Elizabeth Lane

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery.

Date of Burial, July 1st 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St *Address* 108 S. Sharp St.

J. H. Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Vitality, City of Baltimore,

Permit No. 10903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

Date of Death, June 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Bains

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Catskill — New York.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 121 Mosher St

Cause of Death, First (Primary,) Inflammation of Intestines

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 30

Undertaker, C H Blizzard

Place of Business, 201 Haven ave

A M Nelson M. D.
Medical Attendant.

Address 257 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 109014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara. Somers

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot. Co- Md.

Duration of Residence in the City of Baltimore, 7 Yrs

Place of Death, {Give street and number.} # 5. Shultz. St.

Cause of Death, First (Primary,) Phthisis-Pulmonalis.

Second (Immediate,) — Inanition —

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1876

Undertaker, Jno J. Newman

Place of Business, 201 E Madison St

W. B. O'Reilly M. D.
Medical Attendant.

Address 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

...of Health, City of Baltimore,

Permit No. 10905

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Anna Lind

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 150 S. Regester St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebral Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, June 30th 1876

Undertaker, Henry Sanders

Place of Business, 252. Caton Ave

James A Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Colwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 10 *Months,* — *Days.*

Color,

Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Canal & Chase

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three or four days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 30, 76

Wm. Whitridge & M. D.
Medical Attendant.

Undertaker, John J Robinson

Place of Business, N E Cor Lemmon & Monument St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Coggins

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 76 Greek Mount Avenue.

Cause of Death, First (Primary,)

Second (Immediate,) Enteritis

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jun 30 - 76

Undertaker, John S Redemayer

Place of Business, N E Cor Dunmore & Monument St

Chas A McCormick M. D.
Medical Attendant.

Address 154 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Minder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 20 *Days.*

Color, W *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Morrison Alley 25

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} morrison ally No 25

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Samuel

Date of Burial, 30 June

Undertaker, Edw. F. Scriven

Place of Business, Cor Eutaw & Ross

C Worthington M. D.
Medical Attendant.

Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

N. B. I never saw this case only ~~dead~~ sick. This blank at dictation of Ephraim Minder

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Kramer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 5 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Infirmary cor Lombard & Green

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Diarrhoea

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fuld

Date of Burial, June 29th

Undertaker, H H & C Fry

Place of Business, 448 W Baltimore

T A Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. M. Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 E Fremont St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery H. L. Green M. D.

Date of Burial, June 31st 1876 Medical Attendant.

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave *Address* 575 W. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 10911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, white *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 174 Johnson St

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} 174 Johnson St

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,) Debility

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetary

Date of Burial, July 1st 1876.

Undertaker, J. B. Cook

Place of Business, 207 W. Baltimore St.

V. R. Uhler 2 M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Herbert Escaville Garrett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 22 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 407 E. Chase St

Cause of Death, {First (Primary.) Artificial nursing

{Second (Immediate.) summer Complaint

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 1 1876

Undertaker, H. H. Hickman

Place of Business, Gay St

Thos A Shearer M. D.

Address Commrs of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informacion by Geo W. Garrett — Father

[OVER.]

Bureau of Health, City of Baltimore,

Permit No. 10913 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Duke Callner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} North Howard St No. 268

Cause of Death, First (Primary,) Alcoholism 5 Years

Second (Immediate,) Chronic Inflammation of Stomach

Duration of Last Sickness, about 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 1st 1876

Wm H. Stokes M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 476 David Hill Ave *Address* 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Rinehart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — — *Years,* 16 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 199 Light

Cause of Death, {First (Primary,) / Second (Immediate,)} Tubercular Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 30th 1876

Undertaker, Chas T Serven

Place of Business, 271 N. Eutaw St

J. H. Keller M. D.
Medical Attendant.

Address 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

Date of Death, June 29. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Lee

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Vest Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 219 Eden St

Cause of Death, First (Primary,)

Second (Immediate,) Uremia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, July 1 1876

Undertaker, Wm Fry

Place of Business, 54 Hanover

E. Hall Pendleton *M. D.*
Medical Attendant.

Address 154 E. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Years, 6 ~~Months~~, Weeks, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the ~~City of Baltimore~~, Institution 2 hours.

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, autumn

All the above information should be furnished by the Physician

Place of Burial, ~~Saml Bowen~~ Catholic Cemetery

Date of Burial, July 1. 1876

Undertaker, Saml Bowen

Place of Business, 156 Division St

Mathew Brewer M. D.
Medical Attendant.

Address 201 W. Fidalo St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ferguson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Thirteen *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 83 N. Durham St

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, June 30. 1871

Undertaker, Wm H Bunge

Place of Business, No 104 East St.

J. J. Smith *M. D.*
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie L. Lucas Parents

~~*Sex, Male,*~~ *or Female,* { Cross out the word not required in this line. }

Age, 2 Years 11 Months, Days.

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Division St No 59

Cause of Death, { First (Primary,) / Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Gustavus Bebler M. D.

Date of Burial, July 1st 1876 Medical Attendant.

Undertaker, Parents — per W. C. Gus Bebler

Place of Business, 57 Division St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Geo. Hayes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* ~~[illegible]~~ *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~[illegible]~~

Occupation, ~~[illegible]~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ~~[illegible]~~

Place of Death, {Give street and number.} No 3 Welcome alley

Cause of Death, {First (Primary.) Prematurity / Second (Immediate.) Inanition}

Duration of Last Sickness, time of birth

All the above information should be furnished by the Physician

Place of Burial, Sharp Street Cem

Date of Burial, June 30th 1876

Undertaker, Wm. H. Davis

Place of Business, Lee St.

James A. Steuart M.D.

Address Commissioners Health Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by George Hayes Father

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, ... *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 165 Johnson St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ...

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary R. J. H. Tall, M. D.

Medical Attendant.

Date of Burial, June 30/76

Undertaker, Armstrong & Denny *Address* 158 S. Sharp St.

Place of Business, No 2 32 ghtst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 10921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willard C. Hortman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 8 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Cor William & Clements Sts

Cause of Death, First (Primary,) Accidental

Second (Immediate,) Neck broken

Duration of Last Sickness, ~~5h.~~

All the above information should be furnished by the Physician

Place of Burial, Virginia

Date of Burial, July 1st

Undertaker, Armstrong & Dem

Place of Business, 263 Light St

R. C. Lee M. D.
~~Attending~~ Coroner B. D.

Address N.W. cor Hanover & Balto Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit #86)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th June, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Skilton Shockley

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ~~Days~~ *Years,* ~~Months,~~ 2. *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 370 Franklin Street.

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give street and number.} 370 Franklin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Valvular Insufficiency in heart.

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, June 1st 1876

Undertaker, Jas Lowe

Place of Business, 568 W Balto St *Address* 251 Franklin St.

A. H. Littell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Block

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number.} N. Dallas St. No. 49

Cause of Death, First (Primary,) Febris Cerebra

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, July 1st 1876

Undertaker, K. Eckhardt

Place of Business, 269 Canton Ave. *Address* Ditto.

C. H. Firth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ity of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30. / 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margeri~~t~~ Douglas

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, 6 *Years,* ~~7~~ *Months,* ~~7~~ *Days.*

Color, White *Sex,* F

~~Married,~~ Single, Widow or ~~Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 122 Sterling St

Cause of Death, { First (Primary,) Delthria

Second (Immediate,) Uremia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, July 1 – 1876

Undertaker, John J Redmond

Place of Business N E Cor Fremont & Lemmon Sts

E Hall Ridge M. D.
Medical Attendant.

Address 154 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert. S. Sheds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 94 Hanover St

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,)

Duration of Last Sickness, Attended 10 one week

All the above information should be furnished by the Physician.

Place of Burial, Western, Cemetery

Date of Burial, July 2 1876

Undertaker, A. F. Herold

Place of Business, Hanover St

L. C. Bauch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 14 *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 49 Eastern Avenue

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Meningitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Chas. H. Morfit M. D.

Date of Burial, July 2th 1876 Medical Attendant.

{ *Undertaker,* Peter Frey

{ *Place of Business,* 91 Eastern Ave Address 84 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1876

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Finney Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 56 Carrollton av.

Cause of Death, First (Primary,) Chronic Pleurisy

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, July 2nd 1876

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St.

R. C. Lee M. D.
Medical Attendant.

N. W. Cor.

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Vogleraug

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Back. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 205 Chesnut alley

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Collapse

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2nd 1876

Undertaker, J. Kummert

Place of Business, 317 Biddle St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Whitehill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boot & Shoe dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 153 S. Broadway,

Cause of Death, First (Primary,) Lu's

Second (Immediate,) Inflamation of brain

Duration of Last Sickness, Abt 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden st. Hebrew Cemetery P. J. Emmerson M. D.

Medical Attendant.

Date of Burial, July 2nd

Undertaker, M. Langrod *Address* Baltimore

Place of Business, 87 Lough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L. Owings

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91 Arch St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 1st 1876

Undertaker, Wm J Keay

Place of Business, 62 Mulberry st.

W. B. Tiffitt M. D.
Medical Attendant.

Address 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virg. Tilman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 38 Orchard St Balto.

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 22 Orchard St Balto

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, about 1 month

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1876

Undertaker, Wm James Grey

Place of Business, 65 Mulberry St

J H Hallett M. D

Medical Attendant

Address 23 Franklin [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Boyer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} 78 S. Broadway

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Diabetes

Duration of Last Sickness, Six years.

All the above information should be furnished by the Physician.

Place of Burial, 78 S Broadway

Date of Burial, July 2.

A. F. Erich *M. D.*
Medical Attendant.

{*Undertaker,* L Beyer

{*Place of Business,* Balt Cemetery *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Pulsford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Josephs Hosp.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Sat. July 1/76 10 A.M.

Undertaker, John Grimes

Place of Business, 77 S. Bond St. *Address*

Oscar Hostery M. D.
Medical Attendant.
St. Josephs Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Laube

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 37 E. Fayette.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) ~~8 days.~~

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 2nd 1876

Abram D Arnold M. D.
Medical Attendant.

Undertaker, Chas Rossing

Place of Business, 136 E. Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } E. M. Brien

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co;

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } N. E. Cor. Jackson Square Ann & Aisquith

Cause of Death, { First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 2nd 1876

E. M. Wilkinson, M.D.
Medical Attendant.

Undertaker, Robt. Hughes

Place of Business, 60 E Balto Address 129 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A F E T Y ▲ F I

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30th " June 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Foreman.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty-three *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, About 14 yrs, last time

Place of Death, {Give street and number.} No. 23 Jordan Alley

Cause of Death, First (Primary,) Gastric or bilious fever

Second (Immediate,) Determination to the head

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1.. 1876

Charles A Geiger M. D.
Medical Attendant.

Undertaker, John E Gorter

Place of Business, 63 Park Ave

Address No. 264 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

Baltimore,

Permit No. 937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Owings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 207 N Charles

Cause of Death, {First (Primary,) —

Second (Immediate,) Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Bucto Cemetery Groton Conn

Date of Burial, July 31

Undertaker, ~~F~~ J Lobkhauser

Place of Business, Light St 353

Address 146 W Hamburg St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Riepner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 92 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* —

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany in U.S. since 1838

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 15 E 169 S Register

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Dropsy

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 1st 1876

Undertaker, Ph Henry Sander

Place of Business, 332 Canton Ave

L C Nuttendorf M. D.
Medical Attendant.

Address 12 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1th. July 1876. morning time

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Krug

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 4 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Gough Street Nro 100

Cause of Death, First (Primary,) Hydrocephalus chronicus

Second (Immediate,) Convulsiones

Duration of Last Sickness, 1 days

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery

Date of Burial, 2 July 1876.

Undertaker, Henry Bein

Place of Business, 232 Alice Anne St.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe & N. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard N Pryor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, a Custom House —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Louis R at Mrs Annastrh

Cause of Death, First (Primary,) Disease of Heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2 July at 4 Oclock P M

Thomas Sims M. D.
Medical Attendant.

Undertaker, Geo. C. Redemer
Address

Place of Business, 38 Exeter Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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[illegible] Health, City of Baltimore,

Permit No. 10941.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noble L. Leaverton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 7. *Months,* ____ *Days.*

Color, White -

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City -

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 444 E. Monument - st -

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Purpura Hemorrhagica

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2 July 9 O'Clock P.M.

Undertaker, Geo. C. Roberts

Place of Business, 197 Eastern Ave

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Fremont sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Heath.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns County Maryland.

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and number.} 14 Wilson alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sparrows Cemetery Frank Gorman M. D.

Date of Burial, July 2 76 Medical Attendant.

Undertaker, Samuel Thomas *Address* 57 S Paca St

Place of Business, 198 S Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

Date of Death, June 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* Four *Months,* ____ *Days.*

Color, Mulatto *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 102 — Bank St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30 1876

Whitfield Wines M. D.
Medical Attendant.

Undertaker, D. W. C. Rose

Place of Business, 19 N. Howard St *Address* 1168 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30, 1976

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Belmit Jones Infant

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ____ *Years,* ____ *Months,* 2 Hours *Days.*

Color, Bryt *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 50 Chase st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 50 Chase st

Cause of Death, First (Primary,) ____

Second (Immediate,) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 6 76

J. V. Shultz M. D.
Medical Attendant.

Undertaker, D M Elmore

Place of Business 1421 E. Howard, 21 *Address* 260 South Eut. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 109145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Washn Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 17 *Days.*

Color, ~~Sex,~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 380 Cross St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30, 76

{*Undertaker,* H H Lehman

{*Place of Business,* 145 W Howard st

R. C. Lee M. D.
Medical Attendant.

N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10946

The Physician who attended any person in a last illness is responsible for the presentation of this ... accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the ... deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFI...

JUL 1 1876 ...TIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1 - 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Sichelstiel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, News Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} Rear of 340 Saratoga St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Perforation of bowels

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 3d

Undertaker, [illegible]

Place of Business, [illegible] *Address* 62 Park Ave

Geo L. Rice *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Macintosh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 80 Holland Street

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} Box 29 South Dunbarton

Cause of Death, First (Primary,) Entero Colitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, three weeks, Past

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 1st 1876

Undertaker, Chas. Steeper

Place of Business, Pratt & Chester — *Address* 95

E. Geo Walls M. D.
Medical Attendant.

Address 181 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 31. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Thomas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 199 Aliceanna St

Cause of Death, First (Primary,) Hydro-Cephalus

Second (Immediate,) Spasm

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1876

Undertaker, William H. Brown

Place of Business, 1 [illegible] Eastern Ave

J. B. Griffin M. D.
Medical Attendant.

Address 199 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Väth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 298 Hanover St.

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) Collapse

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, July 2nd 1876

Undertaker, C. F. Krause

Place of Business, 209 Hanover St

J. H. Smith M. D.
Medical Attendant.

Address 108 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10950

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Howser

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Baltimore B. & O. R. R.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Mount Clare Depot

Cause of Death, {First (Primary.) Accident} {Second (Immediate.) Run over by Cars.

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 2 1876

Undertaker, Wm M. Leonard

Place of Business, 752 W. Balto St *Address* George C. Ogle M. D. Medical Attendant. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10951

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Barroch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Barnes St.

Cause of Death, First (Primary,) summer Complaint

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 2nd 1876

Undertaker, H Hoock

Place of Business, Central av

John A Steen M. D.

~~Medical Attendant.~~

Address Commiss of Health & Relgs Inst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Wesley Black

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, Negro.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Davis St No 72

Cause of Death, {First (Primary,) Premature birth cause Spasms

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 3

Undertaker, H. C. Wiedefeld

Place of Business, 192 N. Calvert St

Geo W. Stark *M. D.*
Medical Attendant.

Address 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Pearsen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster City Maryland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} 10 Bailey Street

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 2 July 76

Undertaker, Armstrong & Denny *Address* 42 High St

Place of Business, 263 Light St

W H Tiffany M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm & Maria Lauman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Two hours *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Two hours

Place of Death, {Give street and number.} 186 Dover St.

Cause of Death, First (Primary,) Malformation

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 1876

Undertaker, C M Chase

Place of Business, No 198 Howard St

B. Whiting M. D.
Medical Attendant.

Address 308 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Packman

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 63. Green Mt. av

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 5. days

All the above information should be furnished by the Physician.

Place of Burial, St Alfons Cemetery E Hall (Undertaker) M. D.

Medical Attendant.

Date of Burial, 2d of July

Undertaker, Adam Fink

Place of Business, 461 W Gay St *Address* 157 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1898 BALTIMORE

Date of Death, June 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Mitten St

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 2nd

Undertaker, Jacob Davis

Place of Business, No 103 Lee St

Jabis Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Arubahr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 54 Philpot St.

Cause of Death, First (Primary,) cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery John H. Rehberger, M. D.

Date of Burial, July 3 d. 1876. Medical Attendant.

Undertaker, Leonhard Kurz *Address* # 243 Alice-Anna St.

Place of Business, S. Bondstreet No 277.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kirchenmeister

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 158 Chesapeake St.

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, July 2nd 1876

Undertaker, H. Eccleston

Place of Business, 146 Eastern Ave

Chas. A. Shaw M. D.
Medical Attendant.

Address 257 Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Marshall A. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 122 Jasper St.

Cause of Death, {First (Primary.) Cholera Infantum / Second (Immediate.)}

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem

Date of Burial, July 2d 1876

Undertaker, W. J. Gray

Place of Business, 65 Mulberry St

James A. Steuart M. D.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Murphy.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 41 Sterett.

Cause of Death, First (Primary,) Necrosis of maxillary & Sphenoid Bone.

Second (Immediate,) Inflammation of Brain.

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 2d 1876

Undertaker, John Thacker

Place of Business, No 150 Canden *Address* 158 S. Sharp St

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, and before burial, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phenix Washington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 154 S. Eutaw St.

Cause of Death, {First (Primary.) Consumption

Second (Immediate.)

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 76

Undertaker, Samuel Wilson

Place of Business, 194 N. Howard st

R. C. Lee M. D.
Medical Attendant.

N. W. cor

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10962

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Gertrude Neff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 558 W. Fayette St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon park cemetry

Date of Burial, July 3rd

Undertaker, Hughes & Co

Place of Business, 550 Fayette St *Address* 530 W. Fayette St

C. A. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

Date of Death, 8 July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stuart Cupes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* . *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Orleans

Cause of Death, {First (Primary,) ? Cholera infantum

{Second (Immediate,)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. James burial ground.

Date of Burial, July 3rd 76.

Undertaker, Wm. H. Eichman

Place of Business, 237 E. Gay St.

C. Hoffmeier M. D.
Medical Attendant.

Address 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

Date of Death, July 2nd '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Donohoe

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} St. Joseph's Hospital

Cause of Death, {First (Primary,) Cancer of Bronchial Glands

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, About 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, July 3rd 1876

{*Undertaker,* Hannity *Address* St Josephs Hosp'l

Place of Business,

Oscar J. Costery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Jaives

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, Molato

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard co Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 20 Lt Monument st

Cause of Death, {First (Primary,) Heart decease

{Second (Immediate.)

Duration of Last Sickness, 10 wuks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 2 1876

{*Undertaker,* John C Jordon

{*Place of Business,* 63 Park Ave

H Darby M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Jordan.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 251. South-st.

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Gastro-Intestinal Catarrh-Convulsions,

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, July 2nd 1876

Undertaker, H. A. Daiger

Place of Business, 74 S. Bond

S. T. Clarke M. D.
Medical Attendant.

Address 237. Fleet-st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10967

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Gilbert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, {Give street and number.} 121 E. Baltimore Street

Cause of Death, {First (Primary.) Second (Immediate.)} Hydrocephalus

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cem

Date of Burial, July 2nd 1876

Undertaker, W. A. Barber

Place of Business, 74 S. Bond

M. H. Gatch *M. D.*
Medical Attendant.

Address 121 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[SEE.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE!

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel J. Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, Days.

Color, Black *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Moores alley

Cause of Death, First (Primary,) Chalera Infantum.

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2d 1876

Undertaker, Williams & Gray

Place of Business, 65 Mulberry

J. Shotwell Townsend M. D.
Medical Attendant.

Address 216 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

Date of Death, ~~June~~ April 23. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Anna B Seppel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ~~Months.~~ *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 43 Short St

Cause of Death, First (Primary.) Old Age

Second (Immediate.) Prostration

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 3d 1876

Undertaker, Geo Schilling

Place of Business, Monument St

James A Steuart M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Undertaker [OVER.]

3

Board of Health, City of Baltimore,

Permit No. 10970 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McIntyre

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Scotland

Duration of Residence in the City of Baltimore, 4 wks

Place of Death, {Give street and number.} 127 S. Eden

Cause of Death, First (Primary,) Cholera morbus

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bo to Cemetery

Date of Burial, July 4th 1876

{*Undertaker,* Hughes & Co

{*Place of Business,* 65 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche L. Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 218 E. Baltimore St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 3rd 1876

Undertaker, H Cuyler & Co

Place of Business, 65 S Broadway

James E Turner M. D.
Medical Attendant.

Address 218 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 10972

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, July 1 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Crampton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 21 years

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 423 Hanover

Cause of Death, {First (Primary,) Injury by fall

{Second (Immediate,) Bronchial effusion

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, July 3rd 1876

{*Undertaker,* James O Byrne

{*Place of Business,* 1163 Bank St

A Adelmann M. D.
Medical Attendant.

Address 104 Church St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos J. White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England about 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 416 West Lexington

Cause of Death, {First (Primary,) Chronic Diarhoea

Second (Immediate,) Sudden and rapid Wast

Duration of Last Sickness, Upon enquiry found he had been sick about 2 weeks when called to attend him

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 3rd 1876

Undertaker, James P Byrne

Place of Business, N° 63 N Howard St

D. P. Hoffman M. D.

Address Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 109711

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, July 2nd 1876 5 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Louis Benjamin Kirchman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11/24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 156 S Broadway

Cause of Death, {First (Primary.) / Second (Immediate.)} Congestive Chills

Duration of Last Sickness, Since Friday June 30th 1876

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Presbyterian

Date of Burial, July 4/76

Undertaker, M Kingsford

Place of Business, 87 Gough St *Address* 392 E Baltimore St

Jane E Donnell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ist of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Simon Gerhardt

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ___ *Years,* ___ *Months,* 28 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 184 N. Dallas st.

Cause of Death, First (Primary,) Inanition.

Second (Immediate,) ___

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3. 1876

P. G. Dausch M. D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63. N. Eden St. *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10,976 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Genste

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, one *Years,* one *Months,* eighteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N° 148 N. Howard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, July 4th 1876

Undertaker, C. F. Kinnire

Place of Business, 209 Hanover St

H. Hartzell M. D.
Medical Attendant.

Address N° 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs R. Sherman

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Caroline County Md.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 69 West

Cause of Death, {First (Primary.) Second (Immediate.)} Bilious Diarrhoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, July 3 1876

Undertaker, Armstrong & Denny

Place of Business,

James A Steuart M. D.

Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Issued 488 no D.P.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10,978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse Lee Hiss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* one *Months,* one *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chair maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 70 yrs

Place of Death, {Give street and number.} 248 ~~[illegible]~~ St Pennsylvania Ave

Cause of Death, First (Primary,)

Second (Immediate,) Consumption Lungs & Bowels

Duration of Last Sickness, At least 2 yrs

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, July 3. 1876

Undertaker, ~~Mr O'Donnell~~

Place of Business, ~~[illegible]~~ 91 Park Ave. *Address* 53 N Paca St Balt

W Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Franke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Architect.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 169 German st.

Cause of Death, First (Primary,) ....

Second (Immediate,) Suicide, with a Pistol shot.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 3d 1876

Undertaker, J. B. Blackistone Son

Place of Business, 604 W. Balt St.

Geo. E. Ogle Commr. *M. D.*
Medical Attendant.

Address 29 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Stanley Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* 7 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 260 N. Gilmore

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,)

Duration of Last Sickness, About four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem Chas. H. Neff M. D.

Date of Burial, July 3 d Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 6 & W. Balto *Address* 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 10981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, June 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Campbell

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Years, 1 Months, 1 Days.

Color, Colored *Sex,*

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} District Near Hollen

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd 1876

Undertaker, William A. Langle

Place of Business, 112 W. East St

E Hall Rullidge M. D.
Medical Attendant.

Address 151 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19,982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Plumhoff

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 22 May St

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 11 days

The child was neglected in the first part of its disease

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cemetery

Date of Burial, July 4

Undertaker, C. H. Pressing

Place of Business, 130 E. Fayette

Geo. H. Kayser M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bushman

Sex, Male or Female, {Cross out the word not required in this line.} Boy

Age, 2 *Years,* eight *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 S. Washington St

Cause of Death, First (Primary,)

Second (Immediate,) Hart Desease

Duration of Last Sickness, fourteen Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Dr. E. Callenius Jr. M. D.

Date of Burial, July 4 Medical Attendant.

Undertaker, Ch Roesing *Address* 132 S High St

Place of Business, 136 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 109814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lee

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* 18 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 374 O'Donnell St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ——

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mays Cathedrale

Date of Burial, July 3th 1876

Edwd F. Mechlorean M. D.
Medical Attendant.

{*Undertaker,* Julius Koehler
Place of Business, Cor Sharp & Cross sts} *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nettie Lisle

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 28 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 98 Geo St

Cause of Death, First (Primary,) Chronic Enteritis

Second (Immediate,) ———

Duration of Last Sickness, Six months (confined to bed three weeks)

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt *Thomas Opie* M. D.

Date of Burial, July 4th 1876 Medical Attendant.

Undertaker, Mr Jacob Weaver. *Address* 396 W. Fayette

Place of Business, No 46 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hamilton C. Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 169 E. Baltimore St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Carmell Cem.

Date of Burial, at 2 o Clock

Undertaker, J. Waltjen

Place of Business, No 88 Bond St

Wm. H. Gardiner M. D.
Medical Attendant.

Address No. 39 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fritzig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* — *Months,* 8 *Days.* 15

Color, *Sex,* Weiths

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Est Pratt St 182.

Duration of Residence in the City of Baltimore, Sant Baltimere

Place of Death, {Give street and number.} Est. Pratt St N 182

Cause of Death, First (Primary,) Colic flatulent

Second (Immediate.) Balt. 3 July 1876

Duration of Last Sickness, Martin Fok M. D.

All the above information should be furnished by the Physician. Medical Attendant.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 July

Undertaker, Fred Goode

Place of Business, 185 E. Pratt St. *Address* S. Bond St N 75

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 11 Sterling Street

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, July 4th 1876

{*Undertaker,* Wm N. Dunger

Place of Business, East St

James A Steuart M. D.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clay Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* ~~Days.~~

Color, cd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 190 Warner St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, July 3" 1876

Date of Burial, Laurel Cemet

{*Undertaker,* Davis

{*Place of Business,* Howard St

James A Steuart M. D.
~~Medical Attendant~~

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT ... 1876 BALTIMORE.

Date of Death, 2d July 1876. one o'clock midday

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Büttner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Eastern Avenue 333.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera infantum

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician

Place of Burial, St. Alph Cem'y

Date of Burial, Monday July 3d

Undertaker, John Braun

Place of Business, 77 S. Wolfe St.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M Kahlert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 E 343 S Bond St

Cause of Death, First (Primary,) Dysentery { Have seen the child but once did not attend }

Second (Immediate,) Meningitis

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Canton Ass. cem.

Date of Burial, Mond. July 3/76

L C Wiltemick M. D.
Medical Attendant.

Undertaker, John Brown

Place of Business, 77 S Wolfe St Address 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,992.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd A.D. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Baby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 22 S. Schroeder

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, about one Week

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Mond. July 3/76

Undertaker, John Braun

Place of Business, 77 S. Wolfe St

James E Daniels M. D.
Medical Attendant.

Address 192 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ATTACHED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Owen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Co. Gilmer & Prestman

Cause of Death, First (Primary,) Syphilis (Hereditary)

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 3 1876

Undertaker, C. K. Blizzard

Place of Business, 201 Penn Ave

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Owen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmer & Presstman

Cause of Death, First (Primary,) Mal-Nutrition

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Loudon Park

Date of Burial, 3 July 1876

Undertaker, C H Elzey

Place of Business, 201 Elzey Ave

Address 248 Madison ave

Wm. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~27~~ 10995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* 0 *Months,* 0 *Days.*

Color, Light Copper *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} No 66 Sarah Ann st

Cause of Death, First (Primary,) Unknown

Second (Immediate.) Cholera Infantum

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 3rd 1876

Undertaker, William F. Gray.

Place of Business, 65 Mulberry St.

B F Bohm M. D.

Medical Attendant.

Address Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ARE RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd. '76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua M. Fuller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No. 121 S. Exeter St

Cause of Death, {First (Primary,) Wound of left wrist — Second (Immediate,) Tetanus

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Burial Ground

Date of Burial, the 3rd of July '76

Undertaker, Wm. S. Hughes

Place of Business, 60 E. Balto. St

Nelson Stevenson M. D.
Medical Attendant.

Address, 133 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 10997

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~34~~ 10997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE.

Date of Death, July 3 or 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt G. Waidner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wheeling W. Virginia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 90 2 St Pelle St

Cause of Death, First (Primary,) Second (Immediate,) Neph Uremia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 4 th 1876.

Undertaker, W. T. Dill

Place of Business, 183 Columbia av.

Pembroke W. Wimbo M. D.
Medical Attendant.

90 203 W. Lombard St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10998.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, July 3, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ingeborg Elisabeth Johnson

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, ~~One~~ *Years,* six *Months,* eighteen *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~, ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No 117 Thames St.

Cause of Death, First (Primary,) Diarhoea with Dentition & loss of Mothers milk

Second (Immediate,)

Duration of Last Sickness, three weeks

All the above information to be furnished by the Physician

Place of Buriol, Balto Cem

Date of Buriol, July 3d, 1876

Undertaker, M a Daiger

Place of Business, 74 S Broadway

John C. Sundberg M. D.
Medical Attendant.

Address 128 South Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10,999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Harington

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy Six *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen's Ann County Md.

Duration of Residence in the City of Baltimore, Thirty five years,

Place of Death, {Give street and number.} No 253 Gough St.

Cause of Death, First (Primary,)

Second (Immediate,) Diarrhea.

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 4 1876

Undertaker, [illegible]

Place of Business, 54 N Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11,000 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, July 2 nds 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth S. Jackson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Residence Baltimore County

Place of Death, {Give street and number.} 331 North Broadway

Cause of Death, First (Primary,) Excessive heat, and diarrhea

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About five or six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem'y

Date of Burial, July 4th 1876

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Feeney

Place of Business, 54½ Broadway *Address* 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of ... is especially invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 10,001 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vahden

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 Fremont st

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 3th 1876

{Undertaker, E. Kinnamt

{Place of Business, 314 Mulberry St.

H Darling M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11,002.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

Date of Death, 2d. July 1876. 10½ morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kathy Kestler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 7 *Months,* 3. *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Caroline street 171.

Cause of Death, First (Primary,) Dentitio

Second (Immediate,) Convulsions.

Duration of Last Sickness, one day"

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetary

Date of Burial, July 3 d

Undertaker, Middleton Bissett

Place of Business, 1 Bond St E.

William Henzel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE

Date of Death, 2 July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Warner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, workman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 3. Tibbets alley

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis pulm. ab. 1 year.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 3d

C Mattmot M. D.
Medical Attendant.

Undertaker, Shultheis

Place of Business, 261 E Monument St — *Address* 57 Aisquith,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam'l Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} Nr 5th & Monument St

Cause of Death, First (Primary,) Typho Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, July 24th 1876

Undertaker, Hughes & Co

Place of Business, 880 Fayette St

C. G. Jones M. D.
Medical Attendant.

Address Nr 5th & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah. Berger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 — *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 243 N. Gay — 2d

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate,) do - Spasms

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemmetery

Date of Burial, July 4.

Undertaker, L Beyer

Place of Business, 78 S. Broadway *Address* ____

Mar. Thomas *M. D.*
Medical Attendant.

N. E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1776 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Tierney

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Milk Business - (Wholesale)

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 36 years -

Place of Death, {Give street and number.} 456 W Pratt St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters B.G.

Date of Burial, July 4th

{*Undertaker* L. B. Cook

Place of Business, Baltimore St near Schroeder -

Chas O'Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y F

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Nichert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 129 Hill St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician

Place of Burial, Sweet Home

Date of Burial, 4th July

Undertaker, Julius Kochler

Place of Business, 360 S. Sharp St

S. S. Mellvaine M. D.
Medical Attendant.

Address 154 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Welch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 30 O. Broadway

Cause of Death, First (Primary,) Uraemia

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, July 4th 1876

Undertaker, W. A. Gaegle

Place of Business, 74 S. Eutaw St

Geo. F. Shaw M. D.
Medical Attendant.

Address 257 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Joice

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 128 Pearl

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, one week —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 6th 1876

Undertaker, S. K. Cook

Place of Business, No 707 N Baltimore street *Address* 558 W. Fayette st

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Two~~ 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~Northampton Co~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton Co Va

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 67 Penn St

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, 2 yrs 10 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 5th 1876

Undertaker, J B Cook

Place of Business, No 707 N. Baltimore Street

J. A. Gillis M. D.
Medical Attendant.

Address 23 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William. C. Fossett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Falls City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 356 Hamburg St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 4th 1878

Undertaker, F. A. Troll

Place of Business, 90 S. Howard St *Address* 141 Hanover St

I. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia W Winkelman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* 4 14 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 33 years

Place of Death, {Give street and number.} 146 Barre St.

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) 1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Felix Jenkins M. D.

Medical Attendant.

Date of Burial, July 4th 1876

{*Undertaker,* F. N. Frate. *Address* 1148 Mulberry St

{*Place of Business,* 90 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Wilson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, Colr

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 88 Warren St

Cause of Death, {First (Primary.) Old age} {Second (Immediate.) senile decay}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpt St Cemetery

Date of Burial, July 4th 1876

Undertaker, S. W. Chase

Place of Business, S. Eutaw St

James A Steuart M. D.

Address Commiss of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Phebe Brown.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Walter Doser

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Black *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Warren St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, July 4th 1876

Undertaker, John W. Looks

Place of Business, 56 South Wolf St

John A Schultz M. D.
Medical Attendant.

Address N E cor Lough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE

Date of Death, July 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Cromwell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Six months *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} 163 N. Durham St

Cause of Death, First (Primary,) ~ Second (Immediate,) Atelectasis Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, July 4th 1876

Undertaker, John W. Locke

Place of Business, 81 S. Wolf St

J. J. Griffin M. D.
Medical Attendant.

Address 132 Rhode St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Vogel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 36 Fountain

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Fountain St.

Cause of Death, {First (Primary.) Cholera Infantum / Second (Immediate.)}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cim

Date of Burial, July 4th

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave

R. N. Mansfield M. D.
Medical Attendant.

Address 1134 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Bernhard Flerlage

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Three *Months,* Twenty seven *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 180 N Central av

Cause of Death, {First (Primary,) Cholera infantum; Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 5 1876

Undertaker, Henry Hook

Place of Business, 329 Central Av

A. Hartman M. D.
Medical Attendant.

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Enoch A Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 7 *Months,* 5 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 1461 Eastern St

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 48 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 5 July 3. Oclock

E Hall Rutter M. D.
Medical Attendant.

Undertaker, Geo. C. Rotenmeyer

Place of Business, 38 Eastern Ave

Address 151 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 11019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 BALTIMORE

Date of Death, July 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ella Wood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 48 N. Henry St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 5th 1876

Undertaker, Thos Kenny

Place of Business, 263 Light

H. B. Noble M. D.
Medical Attendant.

Address 17 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Dark Brown *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Clinton Avenue & Chestnut Alley

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4 . 76

Undertaker, S W Gibson

Place of Business, 148 S Howard St

Jno Dickson M. D.
Medical Attendant.

Address 61 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Gould

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, dark *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 Mount Vernon Place

Cause of Death, First (Primary,) Senility

Second (Immediate,) Natural Causes

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4 1876

Undertaker, H. W. Gheen

Place of Business 196 W. Hoffman St

Reyn Buckler M. D.
Medical Attendant.

Address 135 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Perkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 116 Hill

Cause of Death, First (Primary,) Cancer of neck (external)

Second (Immediate,) Exhenation (about 2 months

Duration of Last Sickness, She first been coming for years, but immediate sickness

All the above information should be furnished by the Physician.

Place of Burial, Mark's Cemetery

Date of Burial, July 3 1876

Undertaker, D M Chase

Place of Business, No 19 E Howard St

W B Tippitt M. D.
Medical Attendant.

Address 117 W. Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1924 BALTIMORE

Date of Death, July 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} O. W. Hagner

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, McHenry St

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Chatsworth

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, about 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 4

Undertaker, E H Blizzard *Address* Cor Stricker & Pratt

Place of Business, 201 Penn av

G H Howe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Rost

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, × *Years,* 11 *Months,* × *Days.*

Color, W. *Sex,* M.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 531 Harford Ave.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Chol. Infant.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 5th

A. T. Reynolds M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Catholic Monument *Address* 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11025

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen French

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 19 *Months,* ____ *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 241 E. Lombard

Cause of Death, {First (Primary,) ____ Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 5th

Undertaker, Hamline & Sipple

Place of Business, 1 Bond st 15th

Geo. B. Reynolds M. D.
Medical Attendant.

Address 34 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Taggner

Sex, ~~Male~~ / Female, {Cross out the word not required in this line.} Female,

Age, One *Years,* Eleven *Months,* & three & *Days.*

Color, White

~~Married, Single, Widowed, Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 5. South Durham St

Cause of Death, First (Primary.) Meningitis

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet~~ Loudon Park

Date of Burial, July 5th

Undertaker, Kirkland Duffel

Place of Business, ~~E Baltimore~~ 131 E Bond St

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11027

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Shimmick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 8 *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, Single ~~or Widowed~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 99 Lancaster st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ~~—~~

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, St Alphs

Date of Burial, Tuesday July 4/76

Undertaker, John Evans

Place of Business, 77 S. Wolfe St

Thomas P. Evans M. D
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks bel[illegible] and to use of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Garland Blaske

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, *Years,* 9 *Months,* 2 *Days.* 15

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 14 S. Stricker

Cause of Death, First (Primary,) Abcess

Second (Immediate,) Abcess

Transcript Permit

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, July 4

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

H. Christian M. D.

Medical Attendant.

Address 431 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliet C. Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* ——— *Months;* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, A Lady.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boydton, Virginia.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 652 W. Lexington St.

Cause of Death, First (Primary,) Sarcoma uteri.
Second (Immediate,) Septic Peritonitis.

Duration of Last Sickness, In bed health fine 4 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 5th 1876

W. T. Howard, M. D.
Medical Attendant.

Undertaker, Jos. Loane *Address* 181 Madison Av.

Place of Business, 568 W. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 12
1876
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Anna Quinlan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland — 25 years in U S

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Corner Oliver St & Hudson Alley

Cause of Death, First (Primary.) Unknown

Second (Immediate.) Unknown probably Apoplexy & Heart Disease

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 4th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw st

Edmund Rittacker M.D.
Medical Attendant.

Address Corner M. P. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Alice Thompson

Sex, ~~*Male, or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} Sixty six St. Peters Street

Cause of Death, First (Primary,) Natural

Second (Immediate,) Cataract

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 5th 1876

Undertaker, John Thacher

Place of Business, No 150 Camden *Address*

Z. R. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wade

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md,

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, B. A. County

Date of Burial, July 4th 1896

Undertaker, John Macken

Place of Business, No 150 Caudent

T. A Asbby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks below, [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Moriarity

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 22 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Division St bet Hoffman & Dolphin

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Cerebral Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 5th 1876

Undertaker, J F Cook

Place of Business, No 707 W Baltimore Street

W. Christian **M. D.**

Medical Attendant.

Address 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Zachman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth} Harrisburg Pa

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} Spring Gardens, Ofs. Po. Gables

Cause of Death, {First (Primary,) Accidentally Drowned

{Second (Immediate,) Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western cemetery

Date of Burial, July 5

Undertaker, J B Cook

Place of Business, 707 west Baltimore st

R. C. Lee M. D.

Coroner 3d Dist.

Address Harrison & Barre st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11035 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1876 BOARD OF HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 211 Madison Ave

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial,

Undertaker, Richard Sears

Place of Business, 92 N Howard

P. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Louise Wakelan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Twenty four *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} N 87 Garden St

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, July 5th 1876

F. H. Hatard M. D.
Medical Attendant.

Undertaker, Wm. S. T. Scriven *Address* N 114 Park Ave

Place of Business, 271 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Franklin Williams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, light Rom *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 Months

Place of Death, {Give street and number.} 74 Indian Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 5th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw st

John Dinkins, M. D.
Medical Attendant.

Address 26 Indian

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... ~~*Months,*~~ 14 *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cem

Date of Burial, July 5th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 W. Eutaw St

Mahony Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on back of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick augustus Shuman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} N° 33 Courtland St Balto

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 6/76

Wm H Scott M. D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St, *Address* 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to use of Diseases on [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 - 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Caroline W. Bredenstein

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Female -

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} No. 55 Stiles St.

Cause of Death, First (Primary,) Chronic Diarhea.

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, July 5th

Undertaker, A. Ross

Place of Business, 41 N. Gay St

John F. King M. D.
Medical Attendant.

Address Edmondson Ave
West of Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helena Phillipine Zimmermann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* 4 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ——

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 60 E Pratt St

Cause of Death, { First (Primary,) —— Second (Immediate,) Cholera inf.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry Holmick

Date of Burial, 5th July

M. D.
Medical Attendant.

Undertaker, H. Zimmerman

Place of Business, 84½ N. Howard *Address* 92 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Lee Schmidt 92 N. Eutaw Street

T Y ▲ F I L M ■

The Special attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 11043

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Kramer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 132 Eastern Ave.

Cause of Death, {First (Primary,) Burning of body & Coma Extremis

Second (Immediate,)

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City A Caldwell Ireland M. D.

Date of Burial, July 6th Medical Attendant.

{*Undertaker,* J Frey Coroner E. Dist.

{*Place of Business,* 71 Eastern Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OAK SAFE

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3d. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Ward

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 6 Bank St.

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 5 1876

Undertaker, James P Byrne

Place of Business, 463 N Front St

Thos. Kelly M. D.
Medical Attendant.

Address 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

Board of Health, City of Baltimore,

Permit No. 11054

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margaret B. Hallon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Lemon St.

Cause of Death, First (Primary,) Osanglopathy

Second (Immediate,) Congestion lungs

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, July 5 1876

Undertaker, James P Byrne

Place of Business, No 52 N. Front St

Geo. Hemmings M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Brady

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Three *Years,* six *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Three & half years

Place of Death, { Give street and number. } 38 Exeter St.

Cause of Death, { First (Primary,) Malignant Scarlet fever

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery *H. C. Sutland* *M. D.*

Date of Burial, 5 July 5 Clock *178 Aisquith St.* Medical Attendant.

Undertaker, Geo. [illegible] *Address*

Place of Business, 38 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. D. Hamlin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White *Sex,* ____

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S. Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 28 Shiker

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 6th 1876

Undertaker, Andrew Lutz

Place of Business, 11 E. Druid Hill Av. *Address*

Geo W Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie King

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 11 Webster St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md

Date of Burial, July 6th 1876

Undertaker, Charles F. Hervel

Place of Business, 161 Hanover St

Thomas Bond M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit 490

Board of Health, City of Baltimore,

Permit No. 11848 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lemuel Bierbower. Lemuel Bierbower

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Manufacturer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa "

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 92 Barre St.

Cause of Death, First (Primary,) — Second (Immediate,) Carcinoma of Liver

Duration of Last Sickness, two months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 6 - 76

R. J. H. Tall, M. D.
Medical Attendant.

Undertaker, John J Rodmaye

Place of Business S & Cor Lemmard and & Monument St — *Address* 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Penalty Law, Page 2.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kenny Smith

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, Six months *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ellicott City Maryland

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} 176 Constitution St. Baltimore Md

Cause of Death, First (Primary,) Teething

Second (Immediate.) Inflammation of the brain

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral ground burying

Date of Burial, July 5th "

John K

Undertaker, Mr. Rodemyer

Place of Business, Greenmount Avenue & Monument St

John Morris M. D.
Medical Attendant.

Address No. 6 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE [illegible]

Board of Health, City of Baltimore,

Permit No. 11057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hartley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 Years, 9 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 53 S. Hudson Street

Cause of Death, First (Primary,) Typho-Malarial Fever

Second (Immediate,) Congestion of the brain.

Duration of Last Sickness, Fifteen (15) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 5th 2 PM

Undertaker, Richard Neall

Place of Business, 233 E Balto St

W. L. McKee M. D.
Medical Attendant.

Address 99 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Josephine L. Stevenson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* —— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 Lawson alley

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1876

{*Undertaker,* W. A. Dunger / *Place of Business,* East St}

James A Steuart M. D. Medical Attendant

Address Commissioners Health & Burgs Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Isabella Stevenson Mother [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ella Dillon Mahaffey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 918 Spring St

Cause of Death, {First (Primary,) / Second (Immediate.)} Cholera Infantum / Len Days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial St Patricks Cemetery

Date of Burial, 5th day of July 1876

Undertaker, Francis Cramer

Place of Business, 219 Caxton Avenue

A Gregg Sherdger M. D.
Medical Attendant.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* —— *Days.*

Color, Col^d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 104 Tyson St

Cause of Death, {First (Primary.) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem^y

Date of Burial, July 5th 1876

Undertaker, W. J. Gray

Place of Business, Mulberry St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Eliza Cole — Mother [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernhardt Flimmelreich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty *Years,* 6 — *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give street and number.} No. 272 E. Baltimore St.

Cause of Death, First (Primary,) Cereb. Ramollissement

Second (Immediate,) S. Acute Meningitis & Effusion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery *Chas. M. D.*

Date of Burial, July 6 '76 Medical Attendant.

Undertaker, Wm Silau *Address*

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Sontheimer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~ *Widow* ~~or Widower~~ {Cross out the words not required in this line.}

Occupation, None —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 166. Orleans St

Cause of Death, First (Primary,) Cancer —

Second (Immediate,)

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician

Place of Burial, Lloyd St Cemetery J. Bluff. M. D.

Date of Burial, July 6th Medical Attendant.

Undertaker, Wm Eibau *Address* 137 Orleans St

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ida L. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 171 S. Washington St

Cause of Death, {First (Primary.) / Second (Immediate.)} Summer Complaint

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, July 5th 1876

Undertaker, Jno. H. Locke

Place of Business, Wolf St

James A. Steuart M.D.
Medical Attendant.

Address Coroner of Hon & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by: Mary E. Brown Mother

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty *Years,* & three *Months,* ——— *Days.*

Color, Redbird *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life except 3 yrs in Balt

Place of Death, {Give street and number.} 70 Morris Alley

Cause of Death, First (Primary,) Cirrhosis of liver & Dropsy

Second (Immediate,) Gangrene of extremities

Duration of Last Sickness, Six months or more

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery E. E. Price & Son M. D.

Medical Attendant.

Date of Burial, July 5th 1876

Undertaker, Wm J. Gray

Place of Business, 65 mulberry st *Address* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Silbaman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Seven Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Stockton St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Gastric Enteritis,

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1876

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

Geo G Cyle M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Oliver Reisniger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 133 Fremont st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 133 Fremont st

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate.)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 5th 1876

Undertaker, P. Kummert

Place of Business, 314 Mulberry St

H Parlin M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Kath. Woelbes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 7 *Months,* 19 *Days.*

Color, white

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years)

Place of Death, {Give street and number.} 25 Little Sh. Ellwych.

Cause of Death, First (Primary,) ? Second (Immediate,) Typhus.

Duration of Last Sickness, ab. 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 6t of July

Undertaker, Adam Fink

Place of Business, 461 W. Gay St

Hoffman M.D.
Medical Attendant.

Address 57 Lexington.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth M Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 56 Williams St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary.

Date of Burial, July 6

Undertaker, Armstrong & Dunn

Place of Business, No 2632 Light St

A H Emmey *M. D.*
Medical Attendant.

Address 76 Wilcox st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 11062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Serena Crawley

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 5 *Months,* ~~—~~ *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Pr Chestnut Street

Cause of Death, {First (Primary.) Pneumonia / Second (Immediate,) "}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1876

Undertaker, W. A. Dunges

Place of Business, East St

James A Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Harriet Rogers Mother [illegible]

Board of Health, City of Baltimore.

Permit No. 11063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Lulu & Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 12 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 65 Orleans St

Cause of Death, First (Primary,) Abol Infanticum

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1876

Undertaker, W. W. Berger

Place of Business, East St

James A Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charlotte Wilson Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

Permit No. 11064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Harman Fedtz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* 5 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland –

Duration of Residence in the City of Baltimore, Dunny life,

Place of Death, {Give street and number.} 24 S. Broadway

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, Tomorrow morning 10 O'Clock

Undertaker, Mr. Jacob Muller

Place of Business, No 21 Harrison St.

J. H. Hanck M. D.
Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

Permit No. 11065

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Harriet Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 920 Hamburg St

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, July 5th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information, Margaret Hall — Friend

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

Permit No. 11066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Willis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 475 W Fayette st

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, July 5th 1876

Undertaker, Jos Loane

Place of Business, 56 & Balto St

H. W. Webster M. D.
Medical Attendant.

Address 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 5 1976 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Goodwin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, Two Weeks. Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and number.} Maternite. 163 West Lombard.

Cause of Death, First (Primary,) Malnutrition.

Second (Immediate,) Meningitis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Fellers Field

Date of Burial, July 5th 1876

Undertaker, C. Sheeper

Place of Business, Pratt St

Wm. Rodes M. D.
Medical Attendant.

Address 163 West Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phy-ician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 5 1910 BALTIMORE

Permit No. 11018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Hubschmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ont

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 295 Central Ave

Cause of Death, First (Primary,) Exhaustion

Second (Immediate,) Cholera Inf

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Altenpauls

Date of Burial, July 6th

Undertaker, Conrad Stumb

Place of Business, 35 Bank St.

J. B. Wan M. D.
Medical Attendant.

Address 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876 6 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hoerth.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 139 S. Spring St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Trinity County

Date of Burial, July 5th 1876

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

James E. Prentice M. D.
Medical Attendant.

Address 297 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ella Briggs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, = *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Louis Mo

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 448 Lexington St Balt

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) do

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mechanics town D. C, Md

Date of Burial, July 5th 1876

Undertaker, John L Machen

Place of Business, No 150 Camden

W. B. Hammond M. D.
Medical Attendant.

Address 5-1 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3 July 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav. Adolph Hellwig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* nine *Months,* 20 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, O

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 340 W. Pratt St.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ____

Duration of Last Sickness, Some weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 5th of July

Undertaker, Ph. Ffennell

Place of Business, 35 S. Eutaw

G Wape. M. D.
Medical Attendant.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3 months sick

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Bayle

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Cancer of Omentum & Intestines; Second (Immediate,) Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, July 2nd

{*Undertaker,* H. C. Le Gore; *Place of Business,* 448 W Pratt

T. A. Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11073

The Physician who attended any person in a last illness ... out, to the Undertaker or other person superintending the ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 2 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 340 Pine Street

Cause of Death, {First (Primary.) / Second (Immediate,)} Chol Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field James A Steuart M. D.

Date of Burial, July 5th 1876 Medical Attendant

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Information by Capt D. Lefferson W. Disher

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Adgila

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Colrd

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Little Pine Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1876

{*Undertaker,* C. H. Blizzard / *Place of Business,* 201 Penn Ave}

Address Commissioners Health Office Registrar

James A Steuart M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except~~ in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Rainey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* Seven (7) *Months,* Twenty one (21) *Days.*

Color, White — *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 80 Decker St

Cause of Death, First (Primary,) Tuberculous Meningitis —

Second (Immediate,) Asthenia —

Duration of Last Sickness, Seven or Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 6th 4. P.M.

Undertaker, Reid Hall

Place of Business, 233 E. Balto St

C. C. McDowell M. D.
Medical Attendant.

Address 290 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Marshall Ebb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* *Days.*

Color, Colored *Sex,*

~~Married, Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 Pierce

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery P. C. Williams M. D.

Date of Burial, July 6th 1876 Medical Attendant.

Undertaker, Jacob Weaver *Address* 201 Madison Ave

Place of Business, No 496 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Shelby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa Scott Co

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 38 St Mary St

Cause of Death, {First (Primary,) General Paralysis
Second (Immediate,)} 2 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 5th 1876

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

Geo L. Rice *M. D.*
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie V. Sammes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 40 S. Chester St.

Cause of Death, First (Primary,) Thrush

Second (Immediate,) Marasmus

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician

Place of Burial, St Patrick ground

Date of Burial, July 6th 1876

A. F. Erich *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Agnes Hessinger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Two *Months,* Seven *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 82 South Spring St Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 82 South Spring St

Cause of Death, First (Primary,) Spasm

Second (Immediate,)

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 6th 1876

Undertaker, H. A. Hall

Place of Business, 253 E Balto St

F. E. Foska M. D.
Medical Attendant.

Address 179 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...N OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 5 weeks,

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary.) atrophy

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 5 1876

Undertaker, Saml Bowser

Place of Business, Institution

Mahony Brewer M. D.
Medical Attendant.

Address 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen McMahon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 157 Front St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, July 5 1876

Undertaker, James P Byrne

Place of Business, No 63 No Front St

Geo. B. Reynolds M. D.
Medical Attendant.

Address 344 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline White

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut 22 19

Cause of Death, First (Primary,) Hemorrhagic Diathesis

Second (Immediate,) Umbilical Hemorrhage

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 5 1876

Undertaker, Geo. F. Bunge

Place of Business, 104 East St

E. A. Baldwin M. D.
Medical Attendant.

Address 124 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Bay

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 60 y 3 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 57 Biddle St.

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 6th/76.

Jas. Van Bibber M. D.
Medical Attendant.

Undertaker, Jno W. Weaver.

Place of Business, 122 N. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 5 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 4 Th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Benjamin Hoss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* Ten *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 65 Monroe Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 6 th 1876

Undertaker, A B Leork

Place of Business, W Baltimore. Street

Chas. H. Neff M. D.
Medical Attendant.

Address 306 N Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred C Thurston,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 235 Hollins St

Cause of Death, {First (Primary,) Congestion of Brain,
Second (Immediate,) Had when seen by Me

Duration of Last Sickness, Had when seen by Me

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 5th 1876

Undertaker, I B Cook

Place of Business, No 707 W Baltimore Street

Lyt Jones M. D.
Medical Attendant.

Address No 530 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Mulinari

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. W cor Hill & Hanover

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Cerebral iritation

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 5th

Undertaker, C. H. Krause

Place of Business, 209 Hanover

S. Sillaman M. D.
Medical Attendant.

Address 154 Shank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11087

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4 / 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Henry Tauber

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ #9 *Months,* 27 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } 668 W. Baltimore St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate.) " "

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 6 th 1876

Undertaker, S B Cook

Place of Business, No 704 W Baltimore Street *Address* 396 N. Fayette

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Silcott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 — *Years,* 3 — *Months,* 12 — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md — Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 934 Lexington St

Cause of Death, {First (Primary,) Pneumonitis

Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park cemetery

Date of Burial, July 6th 1876

Undertaker, J. S. Cook

Place of Business, No 707 W. Baltimore Street

W. R. McKeen M. D.
Medical Attendant.

Address 382 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Franey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 3 Months, Days.

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} 25 S. Republican R.

Cause of Death, {First (Primary,) Meningitis
Second (Immediate,)}

Duration of Last Sickness, 16 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, July 6/76

Undertaker, J B Cook

Place of Business No 707 W Baltimore Street

A. L. S. Dixon M. D.
Medical Attendant.

Address 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th. July 1876. 10 o clock eve

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antoinette van Rhaden.

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. W. Corner Washington and Barre Sts.

Cause of Death, First (Primary,) Dentitio,

Second (Immediate,) Convulsions

Duration of Last Sickness, 4. days.

All the above information should be furnished by the Physician

Place of Burial, Emanuel, G. Y.

Date of Burial, July 6.

Undertaker, L. Beyer

Place of Business, 7 & 9 Broadway

William Heard M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Clara Shipley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 5 S. Mount St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery W. R. McSherry M. D.

Date of Burial, July 6 th Medical Attendant.

Undertaker, Thos. M. Leonard & son *Address* 582 W Fayette St

Place of Business, 782 W Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret C. Kuderer

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } female

Age, 1 *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 322 Wink' ave,

Cause of Death, { First (Primary,) Cholera Infantum,
Second (Immediate,) Prostration,

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 6 July 76

H. K. Rutterkoff **M. D.**
Medical Attendant.

{ *Undertaker,* C. Junkel *Address* 77 George st,
{ *Place of Business,* 60 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th. July 1876 one o'cl. morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Elizabetha Bader

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 8 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Bradford Alley near 12.

Cause of Death, {First (Primary,) / Second (Immediate,)} Gastrenalacea Malaxatio of the Stomach.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, July 6th.

Undertaker, Michael Runk

Place of Business, No. 33 Bank St. *Address* S. Wolfe & 11th.

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Karn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, *Sex,* Fem.

~~*Married, Single,*~~ *Widow* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schlitz. Germany.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} 127 Battery Ave.

Cause of Death, First (Primary,)

Second (Immediate,) old age —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, 7 B Cook

Undertaker, Kelly

Place of Business, 707 West Baltimore St

Address 18 S. Sharp St.

W. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Shadrack Davis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 3 *Months,* ~~——~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 190 Warren St

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1876

Undertaker, Jacob Davis

Place of Business, See Sheet

James A Steuart M.D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by Fannie Davis Mother

Board of Health, City of Baltimore,

Permit No. 11096

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma G. Short

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown - Foundling

Duration of Residence in the City of Baltimore, Do

Place of Death, {Give street and number.} 9 Clark Alley

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 6th 1876

Undertaker, Jacob Davis

Place of Business, Lee Street

James A Steuart M.D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Adel Short Adopted Mother

[OVER.]

...of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 11097.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellie M. Hastman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 4 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 255 Eastern Av.

Cause of Death, {First (Primary.) ..... Second (Immediate,) Convulsions.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, June 6th 1876

A. F. Erich *M. D.*
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Caulon Av. *Address* 24 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarett Groh

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Thirty nine

Place of Death, {Give street and number.} 64 S Carey St Balto.

Cause of Death, {First (Primary,) Chalera Morbus
Second (Immediate,) Heart disease

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 6th 1876

Undertaker, P. Kenmuth

Place of Business, 214 Mulberry St

J. G. Smithson M. D.
Medical Attendant.

Address 584 W Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Healey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 158 E. Eager St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 158 E. Eager St

Cause of Death, First (Primary,)

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician

Place of Burial, Saint Fabric burying ground

Date of Burial, July the 6

Jno Brooke Boyle M. D.
Medical Attendant.

Undertaker, W. B. Rodomeyre

Place of Business, No 158. E. Eager St *Address* 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mc Loary

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 South Bethel st.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, 2nd 6'

Undertaker, H. A Vaughn

Place of Business, 74 S Bal st

John F. Monmonier M. D.
Medical Attendant.

Address S.W. Cor Caton & Ramsay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen May Frye

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Bradford Co. Md.

Duration of Residence in the City of Baltimore, Ten months.

Place of Death, {Give street and number.} 92 S. Broadway.

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician

Place of Burial, St Patricks Cem

Date of Burial, July 6 1876

A. F. Erich *M. D.*
Medical Attendant.

Undertaker, M A Dwyer

Place of Business, 94 S B'way *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella Hemman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 171 N. Carey St

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, July 6th 1876

Undertaker, John Thurston

Place of Business, No 150 London

Penbroke M. Wemble M. D.
Medical Attendant.

Address No 203 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

Date of Death, 5th. July 1876. 10. o'cl. evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Dietz

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* 5 *Months,* 1. *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Madeira Alley 152.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera infantum

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Gem.

Date of Burial, July 6th 76

William Henkel M. D.
Medical Attendant.

Undertaker, Murrah & Frances

Place of Business, No 280 Clinton Ave. *Address* F. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Letitz Amos

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~6~~ *Years,* Six *Months,* Seventeen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} 357 Madison Avenue

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Metastasis to brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 6th 1876

Jas: Lloyd Martin M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 & Broadway *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and number.} Cor. Gilmore & Presstman Sts

Cause of Death, {First (Primary,) Meal-Nutrition / Second (Immediate,) Diarrhoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Souden Park

Date of Burial, July 6

Undertaker, C. H. Shojna

Place of Business, 201 Pine av

Tho. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fantroy

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 22 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 104 Sarah Ann St

Cause of Death, First (Primary,) Inal Inetrition

Second (Immediate,) Atrophy

Duration of Last Sickness, all is life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1876

Undertaker, Wm R. Bishop & Co

Place of Business, 100 Druid Hill Ave

James A Steuart M.D.
Medical Attendant.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Fantroy Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3 54 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Boekraer (Beckman

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 4 *Years,* 2 *Months,* " *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — " "

Occupation, " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 190 S. Bond Street

Duration of Residence in the City of Baltimore, since his birth.

Place of Death, {Give street and number.} 190 S. Bond Street

Cause of Death, First (Primary,) —

Second (Immediate,) Spasmen

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, July 6th 1876.

Undertaker, K. Eckhart.

Place of Business, 269 Canton ave.

Dr. Hamel 15 M. D.
Medical Attendant.

Address 156 S Bond st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 6 BALTIMORE

Permit No. 11108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Percy Winslow Hinkanty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 6 *Months,* 12 *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 248 Argyle av

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248 Argyle av

Cause of Death, First (Primary,) Gastro Enteric irritation

Second (Immediate,) Effusion on Brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'tery C. Winslow M. D.

Medical Attendant.

Date of Burial, July 6th 1876

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
6
1976
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Mabey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~one~~ *Years,* 1 *Months,* ~~—~~ *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 24 Thames St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician

Place of Burial, Schwartz's Cemetery

Date of Burial, 6th day of July 1876

Undertaker, Francis Cramer

Place of Business 219 Central Avenue

Augustus F. Esch M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Washington,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 28 *Days.*

Color, Mulatto, *Sex,* Female,

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life,

Place of Death, {Give street and number.} 13 Wilson Alley,

Cause of Death, First (Primary,) Epilepsy,
Second (Immediate,) Convulsions,

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1876

Undertaker, W. J. Gray

Place of Business, 68 Mulberry St *Address* 247 Saratoga St

J. S. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty-four *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, About forty years

Place of Death, {Give street and number.} No 85 Gaston St.

Cause of Death, First (Primary,) old age

Second (Immediate,) Prostration

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1876

Undertaker, Wm F Gray

Place of Business, 65 Mulberry St

D E Klein M. D.
Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ard of Health, City of Baltimore.

Permit No. 11112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Toney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 10 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Marion St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, ~~—~~

All the above information should be furnished by the Physician.

Place of Burial, St Patters Field

Date of Burial, July 1, 1876

Undertaker, M. & C. Penn

Place of Business, Pratt St

James A Steuart M.D.

Address Commrs of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D Lepson

[OVER.]

FILM

...rd of Health, City of Baltimore,

...113 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

Date of Death, July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Schleu

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* 8 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States if of foreign birth.)} Prussia

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 44 Hill St.

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Epilepsy

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Shalom Cem. *Medical Attendant.* George Cook M. D.

Date of Burial, July 7th

Undertaker, J. Wm Elsner *Address* 146 Hanover St

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm P. Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Saloon-keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, ale life

Place of Death, {Give street and number.} 46 E Balt

Cause of Death, First (Primary,) Suicide by pistol

Second (Immediate,) Shot thro heart.

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Cem.

Date of Burial, July 7

Undertaker, Geo W Spence

Place of Business, 206 Pratt St

Edmd Randall *M. D.*
Medical Attendant.

Address Corner Pa & [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Beall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~2 days~~ *Years,* *Months,* 02 — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 36 Saratoga St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Saratoga St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 7th 1876

Undertaker, John H. Weaver

Place of Business, 22 N. Fayette St. *Address* 164 N. Howard

Dunbar Irvine M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Herbst

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 10 *Months,* 4 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 442 Eastern Ave. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 171 Schroeder St Baltimore

Cause of Death, First (Primary,) Dentitio difficilis

Second (Immediate,) Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cin

Date of Burial, July 6th

Dr. F. Lechner M. D.
Medical Attendant.

Undertaker, H M Gelmeyer

Place of Business, 341 Canton Av

Address 432 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Young.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Annes Co. Md.

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, {Give street and number.} 42 E. Baltimore.

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 6th 1876

Undertaker, Hughes & Co

Place of Business, 130 Fayette

Jno. R. Bates M. D.
Medical Attendant.

Address 73 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Osman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and number.} W. Lexington & Paca

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th.

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave

P. M. Gastman M. D.
Medical Attendant.

Address 318 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florance Fischer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 13 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 62 Scott and St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 7th of July

Undertaker, Ph. Secwald

Place of Business, 35 S. Eutaw St

John G Woods M. D.
Medical Attendant.

Address 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ellwood

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 138 Bank St

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 1876

Undertaker, Wm. C. Fluck

Place of Business, 265 Mc Henry St *Address*

W. H. Keating *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Nickerson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~ *Years,* 1 *Months,* 5 *Days.*

Color, Colᵈ

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 142 Warner St

Cause of Death, {First (Primary,) Second (Immediate,)} Summer Complt Convulsions

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7 1876

Undertaker, Jacob Davis

Place of Business, Lee St

Ernest Stewart M. D.
Medical Attendant.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Annie Stanford mother

[OVER]

...rd of Health, City of Baltimore,

Permit No. 11122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Bachelor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 1 S Frederick St

Cause of Death, {First (Primary.) Unknown / Second (Immediate.) Heart disease}

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co'y

Date of Burial, July 7. 1876

Undertaker, A Wilson

Place of Business, 136 E Pratt

Edmund R Walker M. D.
Medical Attendant.

Address Coroner M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter H Mc Henry

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83 N. Exeter

Cause of Death, First (Primary,) Anasarcus

Second (Immediate,) Con heart. Mitral

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, July 6th 1876

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Thos C Hughes

Place of Business, 511 E Balto *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Helmer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* ____

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #135 Pierce St.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Home

Date of Burial, July 7th 1876

Undertaker, Conrad Winkelman

Place of Business, No 60 Park ave

L. Billstein M. D.
Medical Attendant.

Address 231 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Logue

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* 10 *Months,* 27 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 60 Albemarle

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) ____

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 7 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

P. G. Dausch M. D.
Medical Attendant.

Address 27 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Dolan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* —— *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} Cor. Chase & Eutaw St

Cause of Death, First (Primary,)

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 7 1876

Undertaker, James O'Byrne

Place of Business, N 63 N Front St

Silas N Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT JUL 1876 BALTIMORE.

Permit No. 11127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lindemann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Four - five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 2 Beaufort St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th 1876

Undertaker, Henry H Mears

Place of Business, 45 N Gay St Address

W. L. Keen M. D.
Medical Attendant.

By Mr Murphy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Simms

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} N. Carolina St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 131 N. Cleopland St

Cause of Death, First (Primary,) ———

Second (Immediate,) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 7th 1876

Undertaker, H Hoeck

Place of Business, Central Av

James A Steuart M.D.
Medical Attend.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schinnick

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 34 Barnes St

Cause of Death, {First (Primary,) Second (Immediate,)} Chol Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 7th 1876

{*Undertaker,* H. Hoeck / *Place of Business,* Central av}

James Steuart M.D.
~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by undertaker

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Per... 11130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Barnes St

Cause of Death, {First (Primary,) ... Second (Immediate.) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 7th 1876

Undertaker, H. Hoeck

Place of Business, Central Av

James A Steuart M.D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louise Väth

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ___ *Years,* 3 *Months,* ___ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ___

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore since birth

Duration of Residence in the City of Baltimore, ___

Place of Death, { Give street and number. } 298 Hanover St.

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) ___

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, St Johannes Cem

Date of Burial, July 7th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts. *Address* 188 Sharp St.

A. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

Permit No. 11132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Herman Weigel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 6 *Months,* *Days.*

Color, whit *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Workmen

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover (Germany)

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 89 M'Elderry ohart

Cause of Death, First (Primary,) ——

Second (Immediate,) Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow at 2 Oclock

R. Albers M. D.
Medical Attendant.

Undertaker, Mr Jacob Muller

Place of Business, No 21 Harrison St. *Address* 93 S. Sharpe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 7 1916 BALTIMORE.

Permit No. 11133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalene Neubert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 6 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 253 Hamburg Street

Cause of Death, First (Primary,) cholera infantum

Second (Immediate,) anaemia of the brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Henry Salzer M. D.

Medical Attendant.

Date of Burial, July 7th.

Undertaker, Julius Koehler *Address* 165 W. Lombard St

Place of Business, 360 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

Permit No. 11134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Milton Green

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} N. E. cor. Hoffman St & Central Ave.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)}

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th 1876

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Weaver

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 8 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Essex St.

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,) Exhaustion.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 7th 1876

Undertaker, H. M. Gibmayer

Place of Business, 341 Canton Av.

Wm. H. Thacker, M. D.
Medical Attendant.

Address 126 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth; as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11136

HEALTH DEPARTMENT JUL 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Trautwine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Back of Dugan's Mary Reuben 6 c. Front bet

Cause of Death, First (Primary.) Accidental Coroner's Jury

Second (Immediate,) Burn Violent

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mathew Cemtry

Date of Burial, July 7th 1876

Undertaker, Henry Frecklich

Place of Business, 246 Eastern Ave

Edm Dorsett M. D.
Coron
Medical Attendant.

Address 180 Do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

JUL 7 1876 HEALTH DEPARTMENT BALTIMORE

Permit No. 11137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Steeby Harnden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Five Months, Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} No 62 Garden Court

Cause of Death, First (Primary,) Cholera Dysentery

Second (Immediate,)

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, July 8 76

Undertaker, H McShane

Place of Business, 191 S Howard St

D F Brown M. D.
Medical Attendant.

Address 176 S Howard St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

JUL 7 1876 BALTIMORE

Permit No. 11138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Scott.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 5 months.

Place of Death, {Give street and number.} 172 Dover St.

Cause of Death, {First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7 76

Undertaker, [redacted]

Place of Business, 198 Aisquith st *Address*

Benjn Whiteley M. D.
Medical Attendant.

Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Trader

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 367 West Pt.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) One year

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 6, 76

Undertaker, M. Chase

Place of Business, 194 W. Howard st

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JUL 1 1976 BALTIMORE, MD.

Permit No. 11140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Robinson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eighteen *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, no occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} No 5 Rotary Street

Cause of Death, First (Primary,) Pulmonary Tubercular Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, July 8th 1876

Undertaker, Samuel W. Chase

Place of Business, Corner of Howard & Hill Sts.

H. Stasse M. D.

Medical Attendant.

Address No 16 South Liberty Street Balt City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1876 BALTIMORE. HE...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Schroeder

~~*Sex, Male* or *Female,*~~ {Cross out the word not required in this line.}

Age, 0 *Years,* 6 *Months,* 5 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 665 Penna Ave

Cause of Death, {First (Primary,) Cholera Morbus / Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery / Chas E. Sadtler M. D.

Date of Burial, July 7th Medical Attendant.

{*Undertaker,* C. Wiegand *Address* 649 Penna Ave

{*Place of Business,* 53 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 7 1916 BALTIMORE

Permit No. 11142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Frederick Hogendorp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 185 Sandrole St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 185 Sandrole St

Cause of Death, First (Primary,) Chole Infant

Second (Immediate,)

Duration of Last Sickness, 130 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 8 16

Undertaker, Jacob Weaver

Place of Business, Druid Hill Ave

Address 83 Caldwell Ave

W. H. Crim M. D.
Medical Attendant.
83 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JUL 7 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Robinson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ___ *Years,* 4 *Months,* ___ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City.

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, { Give street and number. } 18 S Rotary st

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 1 mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address*

J. L. Hollidge *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

Permit No. 11145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Stern

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. } Female

Age, ~~1~~ 71 *Years,* + *Months,* + *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } Broadway 37 Clark

Cause of Death, { First (Primary,) Chronic Diarrhea / Second (Immediate,) Inanition

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, July 7th 1876

J H McWhorter M. D.
Medical Attendant.

{ *Undertaker,* Wm. H Eichman *Address* No 4 N Calhoun
{ *Place of Business,* 23 & 25 Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Please fill out the Permit promptly

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1876 BALTIMORE.

Permit No. 11145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Josepha Browne

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* Seventeen *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {~~Cross~~ out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} N 158 Park Ave.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery J. H. Chatard M. D.
Medical Attendant.

Date of Burial, July 8th 1876

{*Undertaker,* H. R. Jenkins Son *Address* N 114 Park Ave.
{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

Permit No. 11146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, Days.

Color, b *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 53 Clay St-

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Hydrocephalus

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Friday, July 7th 1876.

W. P. Morgan M. D.
Medical Attendant.

Undertaker, McCaull, Bro's

Place of Business, Eutaw, near Mulberry

Address 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE. JUL 7 1876

Permit No. 11147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Boyle Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 85 Albemarle

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, July 8th 1876

{*Undertaker,* Henry K Mears

{*Place of Business,* 415 N Gay St

D Webster Cathell M. D.
Medical Attendant.

Address 11½ S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 7 1876 HEALTH DEPARTMENT BALTIMORE.

Permit No. 11148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} June Deacon's

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 2 Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 127 S. Dallas

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, July 7th

Undertaker, Rod Hall

Place of Business, E. Balto St

James E. Revelle M. D.
Medical Attendant.

Address 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH JUL 7 1876 BALTIMORE, MD.

Permit No. 11149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Maggie Fischer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} St. Josphs Hospital

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, N. Alphonsus Cemetery Oscar J. Cassery M. D.

Medical Attendant.

Date of Burial, July 7 th.

Undertaker, Hendrick Dippel

Place of Business, S. Bond St. 151 *Address* St Josphs Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S·A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella M. Gardner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eighteen *Years,* Two *Months,* Two *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. } ~~Have Yet~~.

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Three Years

Place of Death, { Give street and number. } 405 North Carey St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Pulmonary Haemorrhage

Duration of Last Sickness, Twenty-three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Baltimore July 8/76

Undertaker, J Godey & Co

Place of Business, 411 Hanover St

Silas Bacon M. D.
Medical Attendant.

Address 130 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the perso deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Cox

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 48 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Hackman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 20 years

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 71 South Caroline St.

Cause of Death, {First (Primary,) Pelvic Abscess
{Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 8th 1876

{*Undertaker,* James H Byrne
{*Place of Business,* 163 N Front St

John F. Monmonier M. D.
Medical Attendant.

S. Wm Columbia Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Mason

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Brick yard

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} Back of 273 Hughes St.

Cause of Death, {First (Primary,) Second (Immediate,)} Typhus Fever

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 7th 1876

Undertaker, Jacob Davis

Place of Business, No. 103 Lee St

R. C. Lee M. D.
Medical Attendant.

N. W. cor
Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11153 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Savage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50yr

Place of Death, {Give street and number.} 85 Division St.

Cause of Death, First (Primary,) Paralysis 3 days

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cem.

Date of Burial, July 8th 1876

Mahlon Brewer M. D.
Medical Attendant.

Undertaker, Jacob Weaver,

Place of Business, No 4 x 6 Druid Hill Avenue *Address* 211 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 492

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 8½ Pm 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Nicolaus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, — wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 357 N. Bond Sts

Cause of Death, First (Primary,) Chron. Diarrhea

Second (Immediate,) do & old age

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7

Undertaker, C. H. Horsey

Place of Business, 136 E Fayette

H. A. Johnson M. D.
Medical Attendant.

Address 86 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Roberts

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 12 *Years,* 6 *Months,* ~~ten~~ seven *Days.*

Color, C *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 12 months

Place of Death, { Give street and number. } 194 S. Exeter St

Cause of Death, { First (Primary,) Rheumatism / Second (Immediate,) Debility of Old age

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Frederick, Md

Date of Burial, July 8th 76

C. W. Chew M. D.
Medical Attendant.

Undertaker, Samuel H. Chase

Place of Business, 1815 Hanover St *Address* 166 S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 493

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11156

HEALTH DEPARTMENT JUL 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Sylvester Hood

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* 21 *Days.*

Color, *Sex,*

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S. Charles St 393

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Charles St 393

Cause of Death, {First (Primary,) Tumor — Complaint

{Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 9th 1876

{*Undertaker,* Armstrong & Lemmy

{*Place of Business,* 263 Light

Adolph Boehm M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mitchell

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 8 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto., Md.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 333 Aisquith st.

Cause of Death, {First (Primary,) ——— Second (Immediate,) Cranitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Summit Cem

Date of Burial, July 8, 1876

Undertaker, John W Rodways

Place of Business, NE Cor Summit and E Monument St

W. B. Billingslea M. D.
Medical Attendant.

Address Cor. Harford & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Permit No. 11158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis E Rye

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 189 E Madison

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cem

Date of Burial, July 8 1876

Undertaker, Wm H Pedenmayer

Place of Business, N E Cor Lemmon & Lemmon St

Geo H Keener M. D.
Medical Attendant.

Address 133 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Permit No. 11159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 July. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanna Stein

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* Day of Birth ~~Months~~ as near as. ~~Days.~~

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, Last 1840.

Place of Death, {Give street and number.} 112 Sharp St. Baltimore.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Senilis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery Hope. *M. D.*

Date of Burial, July 9 *Medical Attendant.*

Undertaker, Geo Ebert *Address*

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Permit No. 11160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lina Volk,

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 2 *Months,* *Days.*

Color, W. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Steil St. N. 60. Baltimore

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, July 9

Undertaker, Ch Rossing

Place of Business, 136 E Fayette *Address*

John H. P. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Permit No. 1116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Guidone

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, Nine Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 365 Saratoga St.

Cause of Death, {First (Primary.) Cholera Infantum. Second (Immediate.)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 9 1876.

Undertaker, H. Kraemer

Place of Business, 317 Hanover St

L. C. Horn *M. D.*
Medical Attendant.

Address 221 Lemmon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH DEPT. JUL 8 1876 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Elphonza Lavinia Gibbs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 16 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Low st 111

Cause of Death, {First (Primary,) Concussion of Brain; Second (Immediate,) Cerebritis}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1876

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St.

E. E. Balderston M. D.

Medical Attendant.

Address 124 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th A. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 384 E. Ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Exhaustion.

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, July 9th 1876

Undertaker, Stughey & Co

Place of Business, 65 S. Broadway

G. G. Rinck M. D.
Medical Attendant.

Address Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11164

HEALTH DEPARTMENT JUL 1918 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Wilhelm Vogel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 70 *Years,* 5 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Retired from business

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eibau Saxony Germany 21 years in U. S. of America

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} Saratoga Street 402

Cause of Death, {First (Primary.) Apoplexie / Second (Immediate.) Weakness

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill park cemetery

Date of Burial, 9th July

{*Undertaker,* J. Schultheis / *Place of Business,* Mulberry St

Address 224 W Fayette Street

H. F. Reinhard M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

Permit No. 11165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bell

~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 85 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 Myrtle av

Cause of Death, First (Primary,) apoplexy

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 9th 1876

C Thurlow M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 x 6 Druid Hill Avenue

Address 23 McCulloh st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible] date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~A~~ 11166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kone

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* 7 *Months,* 14 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Nr 71 McCollough st

Cause of Death, First (Primary,) Second (Immediate,) Old Age

Duration of Last Sickness, Nr dinar

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 9th 1876

Undertaker, Jacob Weaner

Place of Business No 476 Druid Hill Avenue

Penbrooke W. Wemble M. D.
Medical Attendant.

Address No 283 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Permit No. 11167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, — Months, 14 — Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 137 Mosher st

Cause of Death, First (Primary,) —

Second (Immediate,) Congestion of the brain from extreme heat

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 8th 1876

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 446 Druid Hill Ave

Address 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

Permit No. 11168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Black,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 115 York St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8 76

{*Undertaker,* S. McShea / *Place of Business,* 194 S. Howard St.}

Sheridan Cook M. D.
Medical Attendant.

Address 146 E. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. AUG 8 1876 BALTIMORE, MD.

Permit No. 11169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Vincent Hamm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unmarried

Occupation, merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chas. Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 85 Hanover

Cause of Death, First (Primary,) Uraemic Convulsions

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cha[s] County Md

Date of Burial, July 8th 1876

Richard McSherry M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address* 189 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 495)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 8 BALTIMORE

Permit No. 11170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Berger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 25 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Lemon St

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) convulsions}

Duration of Last Sickness, delicate all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 9 1876

{*Undertaker,* I B. Cook
Place of Business, Balto St}

Samuel A Bean M. D.
Medical Attendant

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1976 BALTIMORE

Permit No. 11171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E. Walter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 387 Saratoga

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions, due to Brain Disturbance

Duration of Last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 9th 1876

Undertaker, J R Lord

Place of Business No 1077 Baltimore Street

Edwd F. McHolland M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 11872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma May Martin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bach. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Nr 195 Lee St

Cause of Death, First (Primary,) Scarlatina Malignia

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th - 1876

Pinkney M. Wombles M. D.
Medical Attendant.

Undertaker T. M. Bell

Place of Business, 90 S. Howard St. *Address* Nr 203 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11173,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H. Haverkamm

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* White *Months,* Twenty-one. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and number.} Cor. Aisquith & Fayette sts.

Cause of Death, First (Primary,) Cholera-Infantum.

Second (Immediate.)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery Edward F. McDevitt M. D.

Medical Attendant.

Date of Burial, July 9th

Undertaker, Geo. Schilling, *Address* 37 N. Exeter St.

Place of Business, Cor Aisquith & Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11174

HEALTH DEPARTMENT JUL 8 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. S. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~~

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} Farrers Wharf Foot of Wilson St Drowning.

Cause of Death, {First (Primary,) ... Second (Immediate,) ...}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, July 7

{*Undertaker,* Charles Strupe
Place of Business, Pratt & Preston}

S. C. Ireland M. D.
Coroner E. Dist. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 BALTIMORE

Permit No. 11175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Fe Male

Age, about 65 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} born when in Maryland

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number.} 161 S. Howard St.

Cause of Death, {First (Primary,) ~~Natural Causes~~ Old age

{Second (Immediate,) ~~Old Age~~ Natural Causes

Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P Fund

Date of Burial, July 8th

{*Undertaker,* M J C & Sons

{*Place of Business,* 1148 W Balto.

R. C. Lee M. D.

~~Medical Attendant~~ Coroner's Phy.

Address N. W. Cor. Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 11176

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonza Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} 15 Stockton alley

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, July 8th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Ernest Cleveland

Commissioner of Health M. D.

~~Medical Attendant.~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D. Lapson W. District ~~(over)~~

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED AUG 8 1876 REGISTRAR'S OFFICE

Permit No. 11177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D. K. Fulton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} Baltimore & Paulton

Cause of Death, {First (Primary,) Disease of the Heart

Second (Immediate,) 1 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, July 9 / 76

Undertaker A. M. Jenkins & Son

Place of Business, 16 Light St.

F. J. Miles M. D.

Medical Attendant.

Address 14 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Permit No. 11178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Infant~~ Father Chas Kreidenz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* One *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} 64 Mkt Space (Centre)

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 8. 1876

Undertaker, Ch. Rossing

Place of Business, 136 E. Bayly *Address*

Chas M. Morfit M. D.
Medical Attendant.
84 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Amelia Simms

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 132 S. Amm St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate)

Duration of Last Sickness, Some 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, June 8th 1876

Date of Burial, Balto Cem

Undertaker, J. Barger

Place of Business, 74 S Bond Address 222 E. Baltimore St.

James E. Dennison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Permit No. 11180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents Peter & Mary Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 7 Gallagher Court

Cause of Death, {First (Primary,) Premature birth
Second (Immediate,) Imperfect development.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 8th 1876

A. F. Eisah *M. D.*
Medical Attendant.

Undertaker, M A Dauzer

Place of Business, 74 S B'way *Address* 94 S Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW; AND TO LIST OF DISEASES OF [illegible]

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 3 ~~Months~~ Week *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Diarrhea when received

Second (Immediate,) Asthenia

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, July 10. 1876

Undertaker, Saml Bowers

Place of Business, 167 Division St.

Martin Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

Permit No. 11182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Finan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* Four *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Gould's Lane

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 9th 1876

Undertaker, Mowry & Derry

Place of Business, 263 Light St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

No. 11183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edwards

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bay View Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 60 N. Ann St

Cause of Death, {First (Primary.) artificial Nursing / Second (Immediate.) Chol Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H. Potters Field — Ernest Stein M. D.

Date of Burial, July 8th 1876

Undertaker, Chas Shuster

Place of Business, Pratt & Chester — *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Margaret Jones Farmer

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1896 BALTIMORE.

Permit No. 11184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Thompson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 1 Lewis St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 28 or 30 days

All the above information should be furnished by the Physician

Place of Burial, Asbury E. Cemetery

Date of Burial, July 7th 1896

Undertaker, William A. Lyons

Place of Business, 12 N. Eutaw St

D W Cathell M. D.

Medical Attendant.

Address 1128 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 8 1876 HEALTH DEPARTMENT BALTIMORE.

...11185

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...o the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Green

~~Son, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 18 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Duncan alley Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 N. Dallas

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum one week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Burial ground

Date of Burial, July 9th 1876

Undertaker, Wm C. Duncan

Place of Business, 110 104 Eastern

R. M. Mansfield M.D.
Medical Attendant.

Address 167 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

O D A K S A F

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

No. 11186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Ray

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 56 Hamburg St

Cause of Death, First (Primary,) Primus Ascentiam

Second (Immediate,) ____

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, July 9th 1876

Undertaker, Armstrong & Sons

Place of Business, 263 Light St

J. C. Buck M. D.

Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry J. Burger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Two *Months,* 3 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 109 South Bond Street

Cause of Death, First (Primary,) Intense heat

Second (Immediate,) Stolen - infantum

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, M. H. Sowers

Date of Burial, July 9th

Undertaker, H. Diffet

Place of Business, 2 Bond st 131

Milton A. Taylor M. D.
Medical Attendant.

Address 100 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

11188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Agen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Work on Gas Works

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} Goodman alley

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem Johnston

Date of Burial, July 7 1876 M. D.
Medical Attendant.

Undertaker, C F Krause

Place of Business, 209 Hanover *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and number.} 320 Montgomery st

Cause of Death, {First (Primary.) Cholera Infantum

{Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9 1876

Undertaker, C W Crane

Place of Business, No 17 & 19 Conway st

Ellis Mickeau M. D.
Medical Attendant.

Address No 68 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Geller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, 3 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frostburg

Duration of Residence in the City of Baltimore, a few months

Place of Death, {Give street and number.} 18 Walsh St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 9th 1876

Undertaker, Andrew Leitz

Place of Business, 119 Druid Hill Ave

J. H. Christian M. D.
Medical Attendant.

Address 431 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Dunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Hillman St.

Cause of Death, First (Primary,)

Second (Immediate,) Tufting with dumb Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, July 9 1876

Undertaker, John J Rodenmayer

Place of Business, NE Cor Gunnard and Hanover St

Jno Brooke Boyle M. D.
Medical Attendant.

Address 166 E Eager Sty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11192

HEALTH DEPARTMENT JUL 10 1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen S Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City 5 months in this City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} at St. Jacksons Cattle ride Jones Falls north Chase St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Summit Cemt

Date of Burial, July 10- 76

Undertaker, John I Rodenmayer

Place of Business, N E Cor Fremont Cem & Fremont St

John F. Monmonier M. D.
Medical Attendant.

Address S.W. Cor Edmondson Ave & Road St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gottfried Schiffler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* 25 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, workman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Würtenberg (Germania)

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No 101 Eastern Ave Balti

Cause of Death, First (Primary,) Delirium tremens

Second (Immediate,) (Tetanus) Yellow jaundice

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Dr. J. Lawrence M. D.
Medical Attendant.

Address 132 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Burton Dixon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~life~~

Place of Death, {Give street and number.} 12 Johnston St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery W. G. Regester *M. D.*

Medical Attendant.

Date of Burial, July 9th

Undertaker, Thos. H. Kennedy *Address* 17 N Calhoun St

Place of Business, 782 W. Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Holland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No Edward St

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Edward Street 2d door from Aisquith

Cause of Death, {First (Primary,) Unknown / Second (Immediate,)}

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 9th 1876

Undertaker, Wm H. Dunge

Place of Business, 104 East Pr St

James A Steuart M. D.
Medical Attendant.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 11196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Josina Keidel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, ~ 27 ~ *Years,* ~ 3 ~ *Months,* ~ 7 ~ ~ *Days.*

Color, White

~~Married~~, *Single,* ~~Widowed~~, or ~~Divorced~~, {Cross out the words not required in this line.} Single

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} No 49 Exeter St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, ~ Three years ~

All the above information should be furnished by the Physician

Place of Burial, St Mathew Cemetery

Date of Burial, July 9th 1876

Undertaker, H. Trocklich

Place of Business, 246 Eastern Av

Thomas D. Evans M. D
Medical Attendant

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 11197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Warfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, Colored. *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay View

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 215 Millikin St.

Cause of Death, {First (Primary,) consumption

{Second (Immediate,) 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9 1876

{*Undertaker,* Wm N Dungee

{*Place of Business,* 104 East St

J M Carter M. D.
Medical Attendant.

Address 385 West Fayette.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

.../1198 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ndertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...equested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Wilson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 3 Philpot alley

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)}

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 9th 1876

Undertaker, Wm H. Dunyee

Place of Business, 104 East St.

James A Steuart M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

11199

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Virginia Brazier

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* 23 *Days.*

Color, white *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } No 2 Russel-Street

Cause of Death, { First (Primary,) cholera Infantum / Second (Immediate,) Anaemia Cerebri

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 10 th

Undertaker, Wm J. Ticknor

Place of Business, 65 S. Eutaw St *Address* 165 W. Lombard St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11200

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary Lilly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 30 *Years,* 2 *Months,* 7 *Days.*

Color, White.

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 168 S. Regester st

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 10th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Wm H. Clendiney, M. D.
Medical Attendant.

Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11201

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT SEP 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Harvey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 88 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 53 W Block St.

Cause of Death, First (Primary,) Age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Tuesday 11th July

Undertaker, H. C. Watchman

Place of Business, 158 E. Bond St.

James A. Shaw M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 9
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dorlin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year & Seven months

Place of Death, {Give street and number.} 416 South Charles Street

Cause of Death, First (Primary,) Natural

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, July 9th 1876

Undertaker, Wm. Donnelly

Place of Business, 116 Low St.

W. K. Wiley M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11,203.

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emigunda Braun

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ~~—~~ *Years,* ten *Months,* Eight *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 3 Shepherd's Alley

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Johns County

Date of Burial, July 9th

Undertaker, Caroline Duffal

Place of Business, S. Bond St 151

L C Mutterback M. D.
Medical Attendant.

Address 42 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Knebel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #52 Lancaster St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonzes Cemetery John H. Rehberger M. D.

Date of Burial, July 10th. Medical Attendant.

Undertaker, Leonhard Yeiser

Place of Business, 1 Bondstreet & 277. *Address* 243 Alice-Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11,205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1976
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8 & 30 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gesahnie Burnett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 27 N. Durham

Cause of Death, {First (Primary.) Eclampsia

{Second (Immediate,)

Duration of Last Sickness, 1 Hour and half

All the above information should be furnished by the Physician.

Place of Burial, St Alofsonsben

Date of Burial, Jun 10 1876

Undertaker, A. Köhler

Place of Business, 944 E Lombard *Address* 299 E. Baltimore St

Samuel E Dennis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11,286.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 7th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Howard

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 1 *Months,* 28 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk in Criminal Court

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, Since 1868

Place of Death, {Give street and number.} 239 North Charles

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,) General Paralysis with Diarrhoea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, 9th July 1876 German & Fremont

Cary B Gamble M. D.
Medical Attendant.

Undertaker, H. J. B. Jenkins & Son

Place of Business, 16 Light St *Address* 40 Richmond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11.207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgianna Atkinson Mills

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, 5 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Springfield Mass.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 169 South Charles St

Cause of Death, First (Primary,) Teething

Second (Immediate,) convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 10th 1876

Jos: Leyadlastin M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St. *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 11,208. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Sower

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eight weeks *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 243 Dallas Street

Cause of Death, {First (Primary,) Intense heat
{Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 9, 1876

Undertaker, Henry Hoeck

Place of Business, 309 Central Av

Miles M Taylor M. D.
Medical Attendant.

Address 108 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11,209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEPARTMENT JUL 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Heumann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 887 W Pratt st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemtr W. E. Rigaler *M. D.*

Date of Burial, July 10, 1876 Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 309 Central Ave *Address* 17 N Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11210

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Ret Retz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single*, *Widow or ~~Widower~~*, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D C

Duration of Residence in the City of Baltimore, 9 mos

Place of Death, {Give street and number.} Muths Brewery Belair Ave

Cause of Death, {First (Primary,) Accidental fall into sink

{Second (Immediate,) Asphyxia

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 10th 1876

{*Undertaker,* Geo Schilling

{*Place of Business* Monument St

Edmund Walker M.D.
Medical Attendant.

Address Coron. M. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 11211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. Eudicy Rosie Brohm

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 2 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No Exeter Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 10 E Baltimore st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 10th 1876

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St

J. Redgway Shute M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* up, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th, 1867.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John O'Connor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 8 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Little Emeor St.,

Cause of Death, {First (Primary,) Scarlatina Anginosa

{Second (Immediate,) Convulsions

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 10th 1876

{*Undertaker,* James O'Byrne

{*Place of Business,* 63 & 65 Front St

M. B. Billingslea M. D.
Medical Attendant.

Address Cor. Hanover Ave & Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* up, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Mc Laughlin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Tyrone Ireland.

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give street and number.} 193 Chestnut St. Baltimore Md.

Cause of Death, First (Primary,) General Debility

Second (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, (Old) Cathedral burying ground

Date of Burial, 10th of July 1876

Undertaker, Mr. J. Byrne

Place of Business, No 63 N Front St.

John Morris M. D.
Medical Attendant.

Address No. 6 Franklin St. Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stephen Devine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Six *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} No 9 King St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 10 1876

Undertaker, James S Byrne

Place of Business, No 63 N Front St

D. S. Hopkins & Hanley M. D.
Medical Attendant.

Address 231 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 11215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Bournemann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, 10 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 856 W. Pratt St

Cause of Death, First (Primary,) Probably Cholera Infantum

Second (Immediate,) " " "

Duration of Last Sickness, 24 hours. Died before I saw it

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10 1876

Undertaker, John P. Sules

Place of Business, 66 Frederick Ave

H H Christian M. D.
Medical Attendant.

Address 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Earnestine

~~Sex~~, *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jan. 5th Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prob. Inft. Asylum

Cause of Death, {First (Primary.) Mal nutrition. / Second (Immediate.) Diarhoea

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet~~ Fondren Park

Date of Burial, July 10

Undertaker, C. H. Blizzard

Place of Business, 201 Pennsylvania Address 241 Linden ave.

Medical Attendant, C. F. Brown M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Riley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 yrs *Years,* *Months,* *Days.*

Color, W. *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 50 yrs. in U.S.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Exhaustion

Duration of Last Sickness, Abt 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Oscar J. Costen M. D.

Medical Attendant.

Date of Burial, July 10

Undertaker, E H Bligh & Co *Address* St Josephs Hospl

Place of Business, 201 Penn ave Caroline & Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11218 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eukring J. Wily Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Federal St

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,) 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Thos. S. Latimer M. D.
Medical Attendant.

Place of Burial, Baltimore Cem

Date of Burial, July 10th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11219 OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Huck

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Holland

Duration of ~~Residence~~ in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} 231 Cant. ave Balto. city

Cause of Death, {First (Primary,) Bright disease of Kidney

{Second (Immediate,) 6 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 11.

Undertaker, L Beyer

Place of Business, 78 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

No. 71220

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Steward

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Londonderry, Ireland

Duration of Residence in the City of Baltimore. 2 Weeks

Place of Death, {Give street and number.} 348 S. Bond St.

Cause of Death, First (Primary,) Acute Dysentery

Second (Immediate,) Collapse

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, St. Paul Cemetery

Date of Burial, 10 July

Undertaker, S. Bolton

Place of Business, 26 Hanover St.

James S. McCaus M. D.
Medical Attendant.

Address 254 Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

Board of Health, City of Baltimore,

No. 11221

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A. Gross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 221 S. Howard St

Cause of Death, {First (Primary,) Summer Complaint / Second (Immediate,)}

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1876

James A Steuart M. D.

Attending Physician

{*Undertaker,* Hercules Ross / *Place of Business,* 180 West St} *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Edward Gross - father [OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

No. 11223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Joseph Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 yrs & 8 mos.

Place of Death, {Give street and number.} # 69 Barnes St.

Cause of Death, First (Primary,) "Scarlatina Maligna"

Second (Immediate,) "Eclampsia"

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 11th 1876

Undertaker, Wm. H. Gilmeary

Place of Business, 23 & 25 Hay St

Geo. A. Hartman M. D.
Medical Attendant.

Address # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ANTS ARE RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

...t No. 11223

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 10 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Brisco

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single~~, ~~Widowed~~ or ~~Widower~~, {Cross out the words not required in this line}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth} Emmetsburg Maryland

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} N Howard st No 228

Cause of Death, {First (Primary,) Marasmus for many year

{Second (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1876

Undertaker, John F Gray

Place of Business, 66 mulberry st

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...SEE BELOW, AND TO LIST OF Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1976 BALTIMORE MD

No. 11224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July. 9th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh. Mc. Namara

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wexford - Co. Mayo - Ireland.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} # 4. Mc. Cubbins. St

Cause of Death, First (Primary,) Sun - Stroke

Second (Immediate,) Syncope

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 11th 1876

Undertaker, John J. Newman

Place of Business, 201 E Madison

M. B. O'Reilly M. D.
Medical Attendant.

Address 235. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. 11245 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Lyons

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 305 Mosher St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 11th July 1876

Undertaker, H. J. W. Jenkins & Son

Place of Business, 16 Light St *Address*

Wm H Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

No. 11224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. & Laura L. Ratcliffe

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* Twelve *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 6 E. Baltimore St.

Duration of Residence in the City of Baltimore, Since birth"

Place of Death, {Give street and number.} 63 Calvert Street

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 10

Undertaker, Wm Shilling

Place of Business, Monument & Aisquith

D. S. Fitzgerald M. D.

Medical Attendant.

Address Washington University Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Permit No. 11227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine E. Keefer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 13 W. Durham St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Etlampsia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, July 10th 1876

B. F. Leonard M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Permit No. 11228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Gill Gray

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 39 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single Widowed~~, {Cross out the words not required in this line.} Married

Occupation, ~~Housekeeper~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 56 Jackson Square Ave Cor Wolf

Cause of Death, First (Primary,) Disease of the Heart, at the

Second (Immediate,) Aortic orifice) from Aortic — Regurgitation

Duration of Last Sickness, (Sudden death)

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, July 10th 1876

Undertaker, Knighes & Co

Place of Business, 655 Broadway

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 11229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret Kroeger

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 1 *Months,* 13 *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 136 Druid Hill Ave

Cause of Death, {First (Primary,) Excessive heat / Second (Immediate,) X}

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 10th 1876

{*Undertaker,* Andrew Leeb / *Place of Business,* 118 Druid Hill Ave}

Dr. C. Winslow M. D.
Medical Attendant

Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

...t No. 11230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moore

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 65 N. Charles St

Cause of Death, {First (Primary,) Dropsy. Second (Immediate,) Convulsions

Duration of Last Sickness, all its life subject to Spasms

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 1876

James A Steuart M. D.
Health Officer

Undertaker, Sam H. Chase

Place of Business, S. Howard St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm L. Moore Father

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Frederick Addicks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eleven *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. Ten years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lancaster St Wharf.

Cause of Death, First (Primary,) Drowning.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemy

Date of Burial, July 10th 1876

Undertaker, H. Frechlich

Place of Business, 224 Eastern Av

W. C. Ireland M. D.
Medical Attendant.

Coroner E. Dist.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph W Stangler

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}*

Age, ——— *Years,* ——— 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 69 N Calvert St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 10th 1876

Undertaker, John H Weaver

Place of Business, No 22 N. Fayette st Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUL 15 1976

Permit No. 11233.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 Pch July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex.* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 227 Hollins St.

Cause of Death, {First (Primary,) Scarlatina
Second (Immediate,) Cerebral Congestion
8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Jno. F. Larkin M. D.

Date of Burial, July 10th Medical Attendant.

Undertaker, Wm. H. Leonard & Son *Address* 64 & W Lombard St

Place of Business, 782 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moze

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 311 Cant. ave. Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 311 Cant. ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, July 10th

Undertaker, H. H Gibmeyer

Place of Business, 341 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Permit No. 11235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th of July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Schonhaar

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Württemburg

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 20 Fountain Court

Cause of Death, {First (Primary.) Phthisis tuberculosa pulmonum

{Second (Immediate.) Suffocatio

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician

Place of Burial, Funeral Cemetery

Date of Burial, July 12th

Undertaker, H. A. Gilmeyer

Place of Business, 341 Canton Ave *Address* 245 E. Baltimore St.

F. Flatheus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown white Man

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 35 ? *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Upholsterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Spain ?

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Head of Frederick St Dock

Cause of Death, First (Primary.) Accidental } Coroners Jury
Second (Immediate.) Drowning } Verdict

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, July 9-76

Undertaker, Charles Stragnell

Place of Business, Pratt & Chapel St

Edmund D Walker M.D.
Medical Attendant.

Address Coroners P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spectors is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Schuh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 9 *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 319 Orleans St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholinfantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 10 1876

James A Steuart M. D.
Medical Attendant.

{*Undertaker,* John Braun / *Place of Business,* Wolf St} *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...directed to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Francis Paris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, One *Years,* 2 *Months,* *Days.*

Color, Brown *Sex,*

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11/ Months

Place of Death, {Give street and number.} 3 Jenkins Alley

Cause of Death, First (Primary,) Supposed to be Cholera Infantum. Dr attended twice when dead.

Second (Immediate)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem Green & Merrick

Date of Burial, July 10th 1876

M. D.
Medical Attendant.

Undertaker, Peter J Scriven

Place of Business, 271 N Eutaw st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

Permit No. 11239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Teresa Hart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 13 yrs. in U.S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alyshonsus Cem[etery] Oscar J. Cottery M. D.

Date of Burial, July 10 1876 Medical Attendant.

Undertaker, Henry Hook

Place of Business, 309 Central Ave Address St Josephs Hosp[ital]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie L. Sais

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 293. Pearl St.

Cause of Death, {First (Primary.) Second (Immediate,)} Cholera infant.

Duration of Last Sickness, 2 Days.

* All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 10 1876

Undertaker, Henry Sloth

Place of Business, 309 Central Ave Address Hoquentech N.J.

Mottern, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Permit No. 11241 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joel N. Blake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Foundryman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and number.} 931 W. ~~Fay~~ Balt

Cause of Death, First (Primary,) Locomotor Ataxia

Second (Immediate,)

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 11th 1876

Undertaker, Jacob Weaver

Place of Business, 6 Druid Hill

Jno. N. Quinan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ortseifer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 353 Cathedral St

Cause of Death, First (Primary,) Cancer of Liver

Second (Immediate,) " " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 10 1876

Undertaker, Chas T. Scriven

Place of Business, N. Eutaw St *Address* 307 Madison Av

1323 Bond St **M. D.**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ck of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Neuschaffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 244 S. Dallas St

Cause of Death, {First (Primary,) — Second (Immediate,)} Chol Infantum

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, July 11th 1876

Undertaker, Jacob C. Kemp

Place of Business, 277 S. Bond St

James A Steuart M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Laurence Neuschaffer Father

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Permit No. 11244.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Holland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Seven Months, Four Days.

Color, Black. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 66 Biddle Alley

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 66 Biddle Alley

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1876

Undertaker, John W. Locke

Place of Business, 57 S. Wolfe St.

J. C. Slay M. D.
Medical Attendant.

Address 54 Franklin St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Cor. Park Av. & Lanvale St.

Cause of Death, First (Primary,)

Second (Immediate,) Insolation

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 10/76

J. M. [illegible] M. D.
Medical Attendant.

Undertaker, McCaull Bros

Place of Business, Eutaw St *Address* 118 N. Bell St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

Permit No. 11246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Six (6) *Months,* (27) Twenty seven *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 346½ N. Howard St

Cause of Death, First (Primary,) "Summer Complaint"

Second (Immediate,) Exhaustion —

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, July 10 1876

Undertaker, John E Gordon

Place of Business, 63 Sixth Ave

C. C. McDowell M. D.
Medical Attendant.

Address 290 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11247

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Permit No. 11247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Pfeifer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 2 *Months,* 27 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltv. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} S. Chappell st between Pratt & Lough.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 10 th.

Undertaker, Hendelin Pfeil

Place of Business, 41. Bond St. 151

P. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Lambert

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, col

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} East 27½

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1876

{*Undertaker,* / *Place of Business,*} Wm. J. Deegee No 104 East St.

E. E. Baldwin M. D.
Medical Attendant.

Address 124 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11249

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 10 1876 HEALTH DEPARTMENT BALTIMORE

Permit No. 11249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Clark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 3 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chesnut 1114

Cause of Death, First (Primary.)

Second (Immediate,) Diphtheria

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1876

E C Baldwin M. D.
Medical Attendant.

Undertaker, Wm J Dungan

Place of Business, No 104 East St. *Address* 124 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...se of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11250

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kahpes

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, one *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 363 Wolf St

Cause of Death, {First (Primary,) Dentition / Second (Immediate,) Chol Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 11 1876

Undertaker, Michael Smith

Place of Business, Gay St

G Thurston Hearn M. D.
Medical Attendant

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm Kahpes. Father

[OVER.]

...RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th July 1876. 10½ morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Uphoff.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} E. Pratt Street 99.

Cause of Death, First (Primary,) Insolatio

Second (Immediate,) Meningitis acuta

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery *Medical Attendant,* William Henkel M. D.

Date of Burial, July 11

Undertaker, Wm Hartmann *Address* S. Wolfe & 117.

Place of Business, 26 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11252

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lillian Heim

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 2 1 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 252 N. Carey st.

Duration of Residence in the City of Baltimore, 252 N. Carey st

Place of Death, {Give street and number.} 252 N. Carey st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Grn Mt. Cemetery

Date of Burial, July 11th 76

W. F. Bowman M. D.
Medical Attendant.

Undertaker, H. M. Jenkins & Son

Place of Business, 16 Light St. *Address* 181 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11253

...ction of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Grace Ruhl

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* three *Months,* one *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 10 Monument Place near Oregon

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 10th. 1876.

Undertaker, Jno. B. Cook

Place of Business, 707 W. Baltimore St. *Address*

Jas. A. Smithson M. D.
Medical Attendant.

584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11254

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th July 1876 8½ morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Eichelsberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 10 *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Canton Avenue 402.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cem'y

Date of Burial, July 11th 1876

Undertaker, Henry Sander

Place of Business, 752 Canton Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfert. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11253

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie Shafer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} + Boston ac

Duration of Residence in the City of Baltimore, + months

Place of Death, {Give street and number.} + Boston ac

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ~~Brain~~

Duration of Last Sickness, above + weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10

R. Winslow M. D.
Medical Attendant.

Undertaker, E & B Lazzard

Place of Business, 201 Penn av *Address* 234 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A F E T Y ▲ F I

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT ST. GILL JUL 1876 BALTIMORE

Date of Death, July 6. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emmie Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 304 McDonogh St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Meningitis

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 11th

Undertaker, J & H Blizard

Place of Business, Cor of Ellin & Lamb

Address

Geo. A. Bascuen M. D.
Medical Attendant.

305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

...Diseases below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Chestnut St

Cause of Death, {First (Primary,) Asthpeal Pneumonia / Second (Immediate,) Cholera Infantum}

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th 1876

Undertaker, W. H. Dreyer

Place of Business, East St

James A Steuart M.D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Louisa Ireland mother

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Latimer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Commission of Leeds

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 68 N Green st

Cause of Death, {First (Primary.) / Second (Immediate.)} Suicide,

Duration of Last Sickness, immediate

All the above information should be furnished by the Physician.

Place of Burial, London Bank

Date of Burial, July 11th 1876

Geo C Ophs Coroner M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 470 Druid Hill ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hamer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 20 yrs

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 518 Canton Ave

Cause of Death, {First (Primary,) Child Birth; Second (Immediate,) Puerperal Fever

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 11th 1876

Undertaker, M. A. Daiger

Place of Business, S. Broadway

James A Steuart M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by M. A. Daiger Undertaker

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11260 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1916 BALTIMORE

Date of Death, July 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Dalcus Eichhorn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43. *Years,* 2 *Months,* 11. *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Beer brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bahlen Forstendehn Schwarzburg Rhudolstadt

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} Eden st 117.

Cause of Death, First (Primary,) Sunstroke

Second (Immediate,) Congestion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 12 16

John A Schultz M. D.
Medical Attendant.

Undertaker, Gilbert Hunt

Place of Business, 10 33 Bank

Address h E. cor Gough & Eden sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Connelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty Eight *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number.} 193 Boston St (Canton)

Cause of Death, First (Primary,) Jaundice,

Second (Immediate,)

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, M. E. Priest Cem.

Date of Burial, July 12th 1876

Undertaker, M A Daigle

Place of Business, 74 B'way

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Loretta Little

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 16 hours *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 160 George Street Baltimore

Duration of Residence in the City of Baltimore, 16 hours

Place of Death, {Give street and number.} 160 George Street

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 11

Undertaker, F B Cook

Place of Business, 707 W Pratt Balto

P. E. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 10 A.D. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Daley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 243 S. Gay

Cause of Death, First (Primary.) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, Twenty-four (24) hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 11 July 1876

Undertaker, Chas. T. Schuck

Place of Business, 265 Pratt-avenue

L. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Gable

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} 28 Little Wash st

Cause of Death, First (Primary,)

Second (Immediate,) Supposed Heart disease

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 11th 1916

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Ave

Geo E Gyle Coroner *M. D.*

Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Sander

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 232 Canton Ave

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, R.C. St. Paul's County

Date of Burial, July 11th 1876

Undertaker, Henry Sander

Place of Business, 232 Canton Ave

C. Edward Miller *M. D.*
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUL 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Virginia Soulsan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 2 *Months,* ..... 16 *Days.*

Color, W/r

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 119 Jefferson St Balto

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, July 11 76

Undertaker, Wm Fry

Place of Business, 54 N Gay

J. Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUL 1876 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 3h 30m P.M. 10th July, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Eugenia Rorkel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 27 *Years,* 10 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 27 years 10 Months & 16 days

Place of Death, {Give street and number.} 101 N. Fremont St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. A. Worth M. D.

Date of Burial, July 11th 1876 Medical Attendant.

Undertaker, Adam Weidemeyer *Address* 83 Franklin St

Place of Business, 518½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Freshlein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years (about)

Place of Death, {Give street and number.} Jenkins alley

Cause of Death, First (Primary,) Pneumonia + Intemperance

Second (Immediate,) Apnoea

Duration of Last Sickness, about 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 11th 1876

J. R. Page M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 406 Druid Hill Ave *Address* 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th '16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Winsley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Confectioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Ferry Bar (Residence 245 Forest St)

Cause of Death, First (Primary,) Accidental

Second (Immediate,) Drowning

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, 11 July 4 O'Clock

Edmund Rorrabe M. D.

~~Medical Attendant.~~

Undertaker, George O Redenauer

Place of Business, 38 Enson St *Address* Coroners P S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

Permit No. 11270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hutchinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy four *Years,* ~~~ *Months,* ~~~ *Days,*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 258 South Alice St.

Cause of Death, First (Primary,) Decay of Heart.

Second (Immediate,)

Duration of Last Sickness, Three or Four months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 11 July

Undertaker, F. Bohrn

Place of Business, 36 Thames St

D. C. Ireland M. D.
Medical Attendant.
Coroner Ex Est.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Joice

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 129 Aisquith St.

Cause of Death, First (Primary,) Apoplexy of Brain

Second (Immediate,)

Duration of Last Sickness, one or 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 12th

Geo. A. Harlan and M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, or Aisquith & Monument st

Address 305 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav A. Thriner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 24 yrs

Place of Death, {Give street and number.} 192 S. Charles

Cause of Death, {First (Primary.) Insolation

{Second (Immediate.)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery. A W Webster M. D.

Date of Burial, July 11th 1876 Medical Attendant.

Undertaker, F. H. Troll

Place of Business, 90 S. Howard St Address 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11273.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th. July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Frank Mase

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, Col'd.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 116 Shirley st.

Cause of Death, {First (Primary.) ? Second (Immediate,) Cholera infantum

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pleasant Cemetery

Date of Burial, July 12th

Undertaker, Medline Disfeld

Place of Business, S. Bond st. 157

Mattingly M. D.
Medical Attendant.

Address 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Coone

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Sence birth

Place of Death, {Give street and number.} 66. President St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 2 mo

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, July 11th

Undertaker, Mendelin Pippel

Place of Business, S. Bond St 151

P J Kinnemon M. D.

Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11275 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MARYLAND HISTORICAL SOCIETY JUL 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reinhart Albert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 13 Months, 2 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 500 Fremont St

Cause of Death, First (Primary.) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery C Winslow M. D.

Date of Burial, July 12th 1876 Medical Attendant.

Undertaker, Andrew Zeh Address 28 McCulloh St

Place of Business, 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Michael

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 31 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City, 31 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington Univsity Hospital

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, two yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th 1876

A. L. Wolfe *M. D.*
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 North Gay St. *Address* Washington Univsity Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melasino Virg. Caltanin Goeb

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 19 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 121 Eough st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 Eough

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 11th 1876

Undertaker, H. Eckhardt

Place of Business, 269 Canton ave.

R. M. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Heilmann.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 18 *Days.*

Color, ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 162 Hamburg St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Spina Bifida

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11th

{*Undertaker,* Henry Boice / *Place of Business,* ~~Hanmetta~~ St 81.

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Jones

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Don't Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, July 10th

Undertaker, Charles Stamper

Place of Business, Pratt & Hebeler

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Gross

Sex, ~~Male,~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Chesnut St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, July 11 1876

James H. Steuart M. D.

Undertaker, W. H. Dungin

Place of Business, East St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Carroll Gross. Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Hauth

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany ~~27 years~~

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 122 Johnson St

Cause of Death, {First (Primary,) old age / Second (Immediate,) Gen Debility}

Duration of Last Sickness, one years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 11 1876

Undertaker, C. F. Krause

Place of Business, Hanover St

James A Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Nicholas Hauth her son

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Kahn

Sex, Male or Female, {Cross out the word not required in this line.} Fem.

Age, ~ *Years,* ten *Months,* twenty four *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Iowa,

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} S. W. cor. Broadway & Shakespeare St.

Cause of Death, First (Primary,) Mordaci Dentition

Second (Immediate,) Enteritis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Bals. Hebrew Cong. Cemetery

Date of Burial, July 12th.

Undertaker, M. Langrood

Place of Business, 84 Gough St.

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th July 1876,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Cole,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~———~~ *Years,* 7 *Months,* ~~———~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Not selected

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 703 W. Lexington St

Cause of Death, { First (Primary,) "Cholera Infantum"
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Founders Park Co.

Date of Burial, July 11 1876

Undertaker, J. B. Blackistone Son

Place of Business, 606 Balt St

C. H. Jones M. D.
Medical Attendant.

Address 533 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick F Galster

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 1 1 *Years,* 3 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 232 N Bond Street

Cause of Death, First (Primary,) Cirrhosis of liver

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, July 11 1876

A Friedenwald M. D.
Medical Attendant.

Undertaker, John Flenniy *Address* 88 N Eutaw Street

Place of Business, 60 & 62 Hanover St extended

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Strau

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 354½ Madison Avenue

Cause of Death, First (Primary,) Phthisis Laryngea

Second (Immediate,) " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 12th 1876

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 66 S Broadway *Address* 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NO. 11 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 10th July.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W Cheney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 32 N. Liberty St.

Cause of Death, First (Primary,) Effects of intense heat

Second (Immediate,) Cardiac Paralysis.

Duration of Last Sickness, 16 Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, 13th. July 1876

Undertaker, Thos. S. Hughes

Place of Business, No 60 E. Baltimore St.

Jno. G. Jay, M. D.
Medical Attendant.

Address Park & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nicholas W. Krebs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 ~~8~~ *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 183 Fayette St Rear

Cause of Death, { First (Primary,) Heat

Second (Immediate,)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 12th July 1876

{ *Undertaker,* Wm. Jenkins & Son

{ *Place of Business,* 16 Light St

W. H. Lowe M. D.
Medical Attendant.

183 Fayette St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F Charles Schreiber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Neuenburg Prussia 20 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 114 N Spring st Balto

Cause of Death, First (Primary,) Ulcer of right Leg & debility

Second (Immediate,) Dropsy of Forearm

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, July 12. 76

Undertaker, Henry Schnitthus

Place of Business, 261 E. Monument

Wm H Barnes M. D.
Medical Attendant.

Address No 308 N Eden st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Stanin

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Supposed~~ 100 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cambridge Md

Duration of Residence in the City of Baltimore, — unknown

Place of Death, {Give street and number.} 319 Hamburg St

Cause of Death, First (Primary,) old age

Second (Immediate,) Senile Decay

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 11th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt Street

James A Steuart M.D.

Medical Examiner

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lieut Wright 3. Police Station

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eloj Chalantanje

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~not~~ 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, not known.

Place of Death, {Give street and number.} No, orchard & Saint Paul Place

Cause of Death, {First (Primary.) / Second (Immediate,)} Sudden: Internal Natural Causes

Duration of Last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, July 11th

Undertaker, A. M. & G. Dring

Place of Business, 411 W. Pratt st

Genl Gl. Emmons, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Heal

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma B. Cadwallader

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 162 Penna Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum ——

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11th 1876

James A Steuart M.D.
Medical Attendant.

Undertaker, L. L. Chalmers

Place of Business, Penna Ave

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Parents

[OVER.]

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 11294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 415 Fremont St

Cause of Death, {First (Primary,) Intense Heat / Second (Immediate,) Apoplexy

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, July 12th 1876

Undertaker, Wm. H. Bishop Jr.

Place of Business, 100 Broad Hill Ave

J. H. Christian *M. D.*
Medical Attendant.

Address 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Joseph Klein

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 67 Somerset

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ct

Date of Burial, July 11 1876

Undertaker, Abby Hook

Place of Business, 307 Central Ave

P. G. Dausel M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Elizabeth Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* 7 *Days.*

Color, ~~white~~ *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Lanvale near Wolfe road

Cause of Death, First (Primary,) ~~Meningitis~~ Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 11 1876

Undertaker, Henry Heck

Place of Business, 329 Central Ave *Address* 256 N. Eden St

F.A. Warne *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Asthert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 Years, Months, Days.

Color, white.

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 202 Canton

Cause of Death, First (Primary,) Typhus.

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, July 13th 1876

Undertaker, Henry Hoos

Place of Business, 389 W. Baltimore

C. Matthews, M. D.
Medical Attendant.

Address 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11296 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Mason

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, 11 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dawson st No 1

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial July 11th

{*Undertaker,* H. E. Clarke & Bro

Place of Business, 180 W. Baltimore St

C. L. Buddenbohn M. D.

Medical Attendant.

Address 1906 Columbia Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents:} Rachell Goodman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bucks

Duration of Residence in the City of Baltimore, S Birth

Place of Death, {Give street and number.} No 13 L McElroy

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Belair Rd & Rodef Sholem Congregation

Date of Burial, July 11 1876

Undertaker, Isaac Simon

Place of Business, 86 Hanover St

S R Duvall M. D.
Medical Attendant.

Address No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE ENOCH PRATT FREE LIBRARY JUL 11 1975 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ July 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Columbelle St. Felton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 8 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr. 11 mos. 8 days.

Place of Death, {Give street and number.} 72 Harrison Ave

Cause of Death, First (Primary,) General Debility

Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Potters Field

Date of Burial, Sept 11th 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Elias C. Price & Son M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11299

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Canada

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* 13 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ~~No~~ 6 S. Durham St

Cause of Death, {First (Primary,) / Second (Immediate,)} Summer Complaint

Duration of Last Sickness, one day -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11 1876

Undertaker, John H. Locke

Place of Business, Wall St

James H Lewis M. D.
Medical Attendant

Address Commiss of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Canada Father of child

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Soapmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 Years.

Place of Death, {Give street and number.} 230 Chestnut St.

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate.) Pericarditis

Duration of Last Sickness, Six months & Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 12 1876

Undertaker, James O'Byrne

Place of Business, No 63 N Front St

Edward P. McDevitt M. D.
Medical Attendant.

Address 137 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10 11 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Dorothea Bahr

Sex, Male or Female, { Cross out the word not required in this line. } Mary Cecelia

Age, 1 *Years,* 2 *Months,* 10 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ~~Colored~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 83 S. Hyt St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 65 S. Hyt St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 11th 1876

Burke Grim M. D.
Medical Attendant.

Undertaker, Jas F Byrne

Place of Business, 63 N Frank St *Address* 164 N. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine McLeod

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} John St. between Lee & Thames

Cause of Death, {First (Primary.) Scirrhus Uteri

{Second (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 11 1876

Undertaker, Jos P Byrne

Place of Business, 63 Hunt

Address 154 Thames

S. Mullen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Balt July 9 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty two *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 18 Elbow Lane

Cause of Death, First (Primary,) Sepsedyse & Malaria

Second (Immediate,) Dysentery

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 11 76

Undertaker, J McClenahan

Place of Business, 1918 Howard st

S. D. Dyer *M. D.*
Medical Attendant.

Address No, 146, Hill st
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Negro

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 147 Yates

Cause of Death, {First (Primary,)} Phthisis

{Second (Immediate,)} Bronchitis

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 11 76

Undertaker, H McShane

Place of Business, 19 & 21 Hanover St

S A Mudd M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of William Aires

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 hours *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 Plum alley

Cause of Death, {First (Primary,) / Second (Immediate,)} asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, July 11 1876

Undertaker, D. W. Chase

Place of Business, Eutaw St

James A Steuart M. D.

Address Commrs of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Deborah Thomas Midwife

Board of Health, City of Baltimore,

Permit No. 11306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. E Highby

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 326 Bank St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, July 12/76

Undertaker, Hughes & C

Place of Business, 65 Broadway

James E Duncan M. D.
Medical Attendant

Address 277 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Bond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 12 *Days.*

Color, Dark brown *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brewers Alley No 7

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} No 7 Brewers Alley

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,) High Temperature

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th 1876

Undertaker, John C. Gordon

Place of Business, Park Ave *Address* Cor Dolphin & Rop

B F Bohrer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11308 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wolcslager

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* Eleven *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and number.} No 205 S. Broadway.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 11th 1876

Undertaker, Henry Bein

Place of Business, 252 Alice Anna St *Address* 207 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Maccubbin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Comptroller of the City of Baltimore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number.} 117 Mc Culloh St

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 11th

Undertaker, ~~W H Hickman~~

Place of Business, 234 N Gay

W. B. Browne M. D.

Medical Attendant.

Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Busby

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Five *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Five Months

Place of Death, {Give street and number.} Jenkins Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 12th 1876

Undertaker, Thos. F. Scriven

Place of Business, 271 N Eutaw St *Address* 262 Madison St

E. C. Price for M. D.
Medical Attendant.

Prescribed for once at office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Burgess

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days.

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Rose St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 11th 1876

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw st

P. E. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1913 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1913

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F. H. Lotus

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 70 Harrison St

Cause of Death, First (Primary,) Sun Stroke

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, N. Mathews

Date of Burial, 14. July

Undertaker, C. Lewis

Place of Business, 136 E. Fayette

G. Liebmann *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11313 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th & 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Barnes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ 10 *Months,* ____ *Days.*

Color, Colored,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 233 Mullikin St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th 1876.

Undertaker, W. N. Dunges

Place of Business, 104 East St.

G. G. Rusk M. D.
Medical Attendant.

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

Date of Death, William V Buschman July 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 S. Washington St

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, July 11 1876

Undertaker, Chas Rossiter

Place of Business,

Jno A Ehrmann M. D.
~~Medical Attendant.~~

Address Commiss of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Freburger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 9 Clarke Alley

Cause of Death, {First (Primary,) Chol. Infantum

{Second (Immediate,) ~~Contrat~~ Convulsions

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Sept 11th 1876

Undertaker, John S. Machen

Place of Business Cor. Camden & Paca

R. L. Dodge M. D.
Medical Attendant.

Address 207 Strawn St.
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight s after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and f death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine ~~Rip~~ Ribpaerger

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 29 *Years,* 2 *Months,* 4 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} single

Occupation, Tailoress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 327 N. Central Av.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Disease of Heart.

Duration of Last Sickness, been sick alongtime but died suddenly last night

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, July 12, 1876.

P. J. Dausch M. D.
Medical Attendant.

Undertaker, Henry Stark

Place of Business, 309 Central Ave *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11317 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

Date of Death, July 10. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, Weeks Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternité Lombard St.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) atrophy; Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 12. 1876

Undertaker, Saml Bowers

Place of Business, 153 Division St

Mahony Brewer M. D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Margaret

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, *Years,* 4 ~~Months~~ Week 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, July 12 1876

Undertaker, Emil Bowzer

Place of Business, 152 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michel Giese

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 13 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 268. Alice-Anna St.

Cause of Death, First (Primary,) Enteritis (diarrheal)

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, July 12th 1876

Undertaker, 56 Fochlich

Place of Business, 246 Eastern Av

John H. Rehberger M. D.
Medical Attendant.

Address 243 Alice-Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Robert Janitzkie

Sex, Male ~~Female~~, {Cross out the word not required in this line,} Male

Age, ~~Years,~~ ~~Months,~~ 21 Days.

Color, White

~~Married, Single, Widowed, Widower~~, {Cross out the words not required in this line.}

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Washington st & Canton ave

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, July 11th 1876

Undertaker, W. E. Fiechtlich

Place of Business, 246 Eastern Av

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sophia H. Childs

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} July 11th 1876

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* ——— ~~*Months,*~~ *Days.*

Color, White ~~*Sex,*~~

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 267 W. Lombard St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Old age

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 12th 1876

Undertaker, Doty & Hachin

Place of Business, No 150 Camden

A. W. Owings M. D.
Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11322 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip T. Hopkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bethlehem Caroline Co, Md.

Duration of Residence in the City of Baltimore, about 8 years

Place of Death, {Give street and number.} 306 Light St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount-olivet-Cem

Date of Burial, July 12th 1876

Julius Hall M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light-St *Address* Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman - Wiser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 481. East Balto St

Cause of Death, {First (Primary,) Apoplexy. induced by Heat.
Second (Immediate,)

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 12

Undertaker, M a Dwyer

Place of Business, 74 S'm *Address* 385 West. Fayette. Balto Md. St.

I M Carter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11324 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Finigen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 686 Ramsay St

Cause of Death, {First (Primary,) Dysentery — Second (Immediate,) ———

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, July 12 1876

James A Steuart M.D.
~~Attending Physician.~~

Undertaker, P Kummert

Place of Business, Mulberry St

Address Commis of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

HEALTH JUL 12 1876 BALTIMORE

Permit No. 11325.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Howell

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, {First (Primary,) Insolation
Second (Immediate,)

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Prince Georges Co. Md

Date of Burial, July 12th 1876.

T. A Ashby M. D.
Medical Attendant.

{*Undertaker,* John H. Weaver
{*Place of Business,* #22 W. Fayette St. *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 11,321

OFFICE OF REGISTRAR OF VITAL STATI

HEALTH DEPT. JUL 12 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sweeting

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 87 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Boston Mass.

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and number.} 141 N Eden St.

Cause of Death, {First (Primary,) Old Age.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 13 1876

{*Undertaker,* Wm Fry
{*Place of Business,*

James A Steuart M. D.
Medical Examiner

Address Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

information furnished from her son Benjamin [OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

HEALTH 18 BALTIMORE

Permit No. 11327

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Hopkins

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 6 *Months,* ~~Days~~.

Color, White

~~White, Black, Mulatto, Quadroon~~, {Cross out the word is not required in this line.}

~~Octoroon~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 59 Patterson St.

Cause of Death, {First (Primary.) Cholera Infantum

{Second (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th 1876

{*Undertaker,* Hughes & Co

{*Place of Business,* 65 S Broadway

Thomas R. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S

Board of Health, City of Baltimore,

Permit No. 11328

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of Parents.} Margt Shurby

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wales

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N Eutaw St

Cause of Death, {First (Primary,) Cholera Morbus} {Second (Immediate,) Heart Debility}

Duration of Last Sickness, Some week

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem'y

Date of Burial, July 13th 1876

{*Undertaker,* Jos H Bigne} {*Place of Business,* 5 N Liberty St} *Address*

Chas C Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Gahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 3 Months *Months,* *Days.*

Color, *Sex,*

Married, ~~Single~~ ~~Widow~~ ~~Widower~~ {Cross out the words not required in this line.}

Occupation, Bookmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 87 N. Charles,

Cause of Death, First (Primary,) Hamorrhage of the Liver

Second (Immediate,)

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, N. Peters Cem.y

Date of Burial, July 12th 1876

Undertaker, Jos F. Byrne

Place of Business, 59 n. Liberty St

Wm Martin M. D.
Medical Attendant.

Address 5 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. JUL 12 1876 BALTIMORE

Permit No. 11331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherina Peters

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* 3 *Months,* 2 *Days.*

Color, *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~ {Cross out the words not required in this line.}

Occupation, Grocery & Liquor Store

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 98 Lexington

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Ascites

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, July 12th 76

Undertaker, Conrad Hunkel

Place of Business, 60 Market

John Morris M. D.

Medical Attendant.

Address 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH ... JUL 12 1876 BALTIMORE

Permit No. 11331

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Howard Shepherd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 2 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 183 Druid Hill Ave

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Cerebral Meningitis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 12th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave

W. H. Christian M. D.

Medical Attendant.

Address 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH D... JU... 12... BALTIMOR...

Permit No. 11332

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday 11th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David George Hay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~Seal,~~

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 90 N. Howard Street

Cause of Death, {First (Primary,) Coup de Soleil Second (Immediate,)}

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 12th

{*Undertaker,* H Kennick & Bro.

Place of Business, 92 Howard St *Address*

D. S. Mackenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11333, OFFICE OF REGISTRAR OF VITAL STATIS

HEALTH DE JUL 12 BALTIMOR

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hill

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 28 N Arlington Ave

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 13th

C W Cadden M. D.
Medical Attendant.

Undertaker, George Lippman

Place of Business, Pharmacy Address 130 Arlington Ave

Arsenal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11334

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out,* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Cole.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line,}

Age, 67 Years, Months, Days.

Color, White.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, Whole Life,

Place of Death, {Give street and number.} 197 N. Eutaw St.

Cause of Death, {First (Primary,) Second (Immediate,)} Diarrhoea, 5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 13th July

Undertaker, Thos. J. Murphy

Place of Business, 60 E. Pratt Address 75 E. Baltimore St.

J. H. Hock M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11335

OFFICE OF REGISTRAR OF VITAL STATISTI

HEALTH JU 12 BALTIMOR

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Josephine Torney

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* 11 *Days.*

Color, Color *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, ale her life

Place of Death, {Give street and number.} 11 St. James n-

Cause of Death, First (Primary,) Dis. of Heart

Second (Immediate.) Dropsy

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery J. Gilmeau M. D.

Medical Attendant.

Date of Burial, July 17th

Undertaker, Geo. Schelling *Address*

Place of Business, c/o 212 Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11336

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sofa Mouthe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 116 Duncan Alley

Cause of Death, {First (Primary,) Heart Disease
Second (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, S. Petris Cemetery S Eastern

Date of Burial, July 12th 1876

Undertaker, Leonhard Feurr

Place of Business, S. Bondstreet 222. *Address* 582 W Lombard St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11337

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 11th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice daughter of Wm H & Mary Addison

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. } Female

Age, ~~*Years*~~, *Months,* 13 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 47 Patapsco St

Cause of Death, { First (Primary,) Anemia
Second (Immediate,) Prostration from heat

Duration of Last Sickness, Has never been well

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. J E Richard M. D.

Date of Burial, July 12th 76 Medical Attendant.

Undertaker, Michael Trumper *Address* 280 Donnell St

Place of Business, No 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11338

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH D... JUL 13 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Letitia~~ Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, 6 *Years,* 10 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 287 W. Lombard

Cause of Death, {First (Primary.) / Second (Immediate,)} Accidental poisoning from Phosphorous (roach poison)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 12th 1876

Edwd F. Micholland M. D.
Medical Attendant.

Undertaker, John W. Weaver

Place of Business, #22 W. Fayette St. *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11339

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Ruth Snyder

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 4 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 287 W. Lombard

Cause of Death, {First (Primary,) Accidental poisoning

Second (Immediate,) from Phosphorus (Rat poison)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'ty

Date of Burial, July 12th 1876

Undertaker, John A. Weaver

Place of Business, #22 N. Fayette St *Address* 279 W. Lombard St

Edw'd F. Michrland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11341

OFFICE OF REGISTRAR OF VITAL STATIST

HEALTH DEPT. 12 1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widowed

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of Death, First (Primary,) Coma, Colic

Second (Immediate,) Refused by drinking Lee Lemon Ade when over heated

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th 1876

Undertaker, Andrew Seitz

Place of Business, 118 Davis St Address

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 11341

OFFICE OF REGISTRAR OF VITAL STATIS...

JUL 12
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund B. Denny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore C

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 84. Hamilton St

Cause of Death, {First (Primary.) / Second (Immediate.)} Excessive Heat

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 12

Undertaker, H Brick

Place of Business, Hanover St #81

By Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 11342

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Coon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll co Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} near Huntington av.

Cause of Death, {First (Primary.) Old age

{Second (Immediate.) Natural Causes

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 13th 1876

{*Undertaker,* Charles F. Herold & W. Co

{*Place of Business,* 161 Hanover St Address Hanover & Barre sts

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11343.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary France Deans

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, Years, 3 Months, 4 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 12 Britton Street

Duration of Residence in the City of Baltimore, 3 mos 4 days

Place of Death, {Give street and number.} 12 Britton

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Mons

Date of Burial, July 12 16

Undertaker, Jos F Rodriguez

Place of Business, 42 Ensor and Monument St

E. Jos Walker M. D.

Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH JUN 12 1876 BALTIMORE

Permit No. 11324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Forborg

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow, Widower,~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 221 Chestnut St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Dysentery

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 13 76

J. W. P. Bates M. D.
Medical Attendant.

Undertaker, John T Rodgers

Place of Business, N E Cor Fremont & Oliver — *Address* 413 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPT. JUL 12 1876 BALTIMORE.

Permit No. 11345 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V. Bismark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 159 N. Charles st

Cause of Death, {First (Primary,) Congestion Chill

Second (Immediate,) 3 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 13th 1876

F. W. Millenberg M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 416 Druid Hill Avenue *Address* 121 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JUL 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lucas (c)

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* Unknown *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Western Police Station

Cause of Death, First (Primary,) Sunstroke

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12 1876

Undertaker, Wm A Lungee

Place of Business, 104 East at

Geo C Cyle Coroner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JUL 12 1876 BALTIMORE MD.

Permit No. 11347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence May Bessee

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 2 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 271 E. Monument St

Cause of Death, First (Primary,) Entero Colitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 12

Undertaker, Wm Fry

Place of Business, 54 N Broadway

Chas. J. Kreuber M. D.
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11348

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gale

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 3 days.

Place of Death, {Give street and number.} 6 Hanson Alley

Cause of Death, First (Primary,) Congenital absence of action

Second (Immediate,) Pyæmia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June the 12

Undertaker, John G Gordon

Place of Business, 63 Park ave *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11349

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenard Oliver

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 269 N. Durham street

Cause of Death, {First (Primary.) Summer Complaint / Second (Immediate,)}

Duration of Last Sickness, 2 day

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Bur.

Date of Burial, July 12th 1876

Undertaker, H. W. Gibmeyer

Place of Business, 341 Canton ave.

James A Steuart M. D.

Medical Attendant.

Address Commissioners Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH JUL 12 BALTIMORE

Permit No. 11350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Clarence Kirk

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 187 N. Calvert St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery. P. C. Williams M. D.

Date of Burial, July 13th 1876 Medical Attendant.

Undertaker, H. N. Jenkins & Son *Address* 201 Madison Ave

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1357

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Schaeffer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 704 N. Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Found dead by Physician from history of case, the child in his opinion died from Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 13th 1876

Undertaker, J. B. Cook

Place of Business, No 707 N. Baltimore street

Geo. A. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Mullen

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixteen. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 36 Jaspshin St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis (Acute)
Second (Immediate,) do.

Duration of Last Sickness, Three Months (about)

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, July 12

Lindley Elliott M. D.
Medical Attendant.

Undertaker, J B Coale

Place of Business, 707 West Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty nine *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Back City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Finch Durham St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Prostration from Heat.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alph Cem.

Date of Burial, Wed. July 12. 10 A.M.

Undertaker, John Braun

Place of Business, 77 S. Wolfe St. *Address*

D. C Ireland M. D.
Medical Attendant.
Coroner. E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.*

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Ruth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Baden Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 239 Cross st

Cause of Death, {First (Primary,) Congestion of Brain Supervened by Typhoid
Second (Immediate,) 12 hrs —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Potters~~ St Alphonsus

Date of Burial, July 12 1876

Undertaker, C. F. Krause.

Place of Business, 209 Hanover St. *Address* Cor Lee & Hanover sts.

O. A. Leute M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11355

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Malinda Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 304 N. Paca St

Cause of Death, {First (Primary,) Tetanus
Second (Immediate,) Congestion of Liver
4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 12 th 1876

W. H. Welbourne M. D.
Medical Attendant.

Undertaker, Ph. F. Dill.

Place of Business, 183. Columbia ave, *Address* 166 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

Permit No. 11356 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathias Johnson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 9 mos ~~Years,~~ ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 72 Hamburg Lane

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 12th 1876

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Thomas Opie M. D.
Medical Attendant.

Address 396 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

Permit No. 11357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lora Jones

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 Chesnut St C

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1876

Undertaker, Wm J Gray

Place of Business, 65 Smithsburg St

D Darling M. D.
Medical Attendant.

Address 143 Hanlburg st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 12 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ruth

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 Ridgely St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 3 ~~Years~~ days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, July 12th 1876

Undertaker, C. Bile & Bro

Place of Business, 161 Aisdore St

D. H Cuney *M. D.*
Medical Attendant.

Address 76 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

HEALTH DEPT. JUL 12 1876 BALTIMORE

Permit No. 11359

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Winifred McPherson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md "

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 Butler St

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Richardson Grove

Date of Burial, July 12th "

M. D.
Medical Attendant.

Undertaker, W. J. McPherson "

Place of Business, 65 S. Eutaw St Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 18 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Little Eager St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 12 th

Undertaker J. F. Byrnes

Place of Business, Front St

Address Baltimore

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

Permit No. 11361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel I. Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 12 *Months,* ____ *Days.*

Color, ~~Black~~ Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 6 Peach al

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetary

Date of Burial, 12

Undertaker, Jacob Davis

Place of Business, 103 Lee Street

O. A. Cooke M. D.
Medical Attendant.

Address Cor Lee & Howard sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

Board of Health, City of Baltimore

Permit No. 11362

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. JUL 12 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Crew

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 171 Hamilton St

Cause of Death, {First (Primary,) Dentition

Second (Immediate,) Summer Complaint

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1876

Undertaker, Jacob Davis

Place of Business, Lee St *Address* Commiss of Health & Registrar

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jas T. Crew father

[Over.]

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JUL 1876 BALTIMORE

Permit No. 11363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Blanche Harvey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* fifteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 306 Saratoga St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) do

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 13 1876

Undertaker, J Lodey & Son

Place of Business, 4 Hanover St

W Hammond M. D.
Medical Attendant.

Address 53 N Paca St
Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JUL 12 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Raphiella Strickling

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, — *Years,* 6 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 376 Hamburg

Cause of Death, {First (Primary,) Accidentally

Second (Immediate,) Smothered

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12 / 76

Undertaker, W. L. Dill

Place of Business, 183 Columbia av.

R. C. Lee M. D.
Medical Attendant.

Coroner S. D.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kasper Eder

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 24 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cantmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eden at 178

Cause of Death, {First (Primary,) Erysipelas
Second (Immediate,) Pneumonia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, June 13th

John A Schultz M. D.
Medical Attendant.

Undertaker, Peter Kuhl

Place of Business, 17 S Bank Address 17 E Lon Lough + Eden sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Wirl.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gentleman of Leisure

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} E. Baltimore St 27 S.

Cause of Death, First (Primary,) Softening Brain

Second (Immediate,) convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mayt H Cemetery - Lebanon

Date of Burial, July 14th

Undertaker, Wm Elam

Place of Business, 101 Gough *Address* St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPT. JUL 12 1878 BALTIMORE

Permit No. 11367 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed. Ross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, First (Primary,) Insolation

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent

Date of Burial, July 13

Undertaker, Wm Fiery

Place of Business, Broadway

T. A Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

HEALTH DEPT. JUL 12 1876 BALTIMORE

Permit No. 11818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Barron

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line,}

Age, ~~A~~ 50? *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Just come to city

Place of Death, {Give street and number.} M. P. D. Station House

Cause of Death, {First (Primary,) ~~Intemperance~~ Disease

{Second (Immediate,) ~~Thirst~~ Heat

Duration of Last Sickness, an hour or two

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, July 11

Undertaker, Charles Keyser

Place of Business, Pratt & Exeter

Edmund Wallace M. D.

Medical Attendant.

Address Coroner M. P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11369

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT JUL 12 1976 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Estelle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* Five *Months,* eighteen *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} N. Caroy Street No 421

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Starved

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th

Undertaker, Mr Chalmers

Place of Business, No Penn Av

L. G. Peterson M. D.
Medical Attendant.

Address N. Caroy St - No 428

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH JUL 12 1876 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie L. Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Nine 9th *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 81 N. Broadway Balto. City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 77 E. Biddle St

Cause of Death, First (Primary,) Natural Debility of Constitution

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Co Va

Date of Burial, July 13th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

A. J. Dare M. D.
Medical Attendant.

Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 499)

Board of Health, City of Baltimore.

Permit No. 11371

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th '96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Slawberry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, colored

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent Co Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 4 Bath St

Cause of Death, {First (Primary.) Overdose of / Second (Immediate,) Laudanum} Coroners Jury Verdict

Duration of Last Sickness, Accidental

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, July 11

Undertaker, H Charles Stupe

Place of Business, Pratt & Exeter

Edmund R Walker M.D.

Medical Attendant.

Address Cor. M. P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11372

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Elise Lange

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, one *Years,* 1 *Months,* 14 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N° 374 West Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Anaemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13th

Undertaker, Julius Koehler

Place of Business, cor. Sharp & Cof. Sts.

Henry Salzer M. D.
Medical Attendant.

Address 165 W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11373

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Mudd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, since 1865

Place of Death, {Give street and number.} 108 Preston

Cause of Death, First (Primary,) Excessive use of Whiskey & other Liquors

Second (Immediate,) Prostration from Heat

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cem

Date of Burial, July 12th 1876

Undertaker, Chas. J. Scriven

Place of Business, 271 N. Eutaw St *Address* Eutaw & Hoffman

William Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph McConnel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester England

Duration of Residence in the City of Baltimore. Twenty years

Place of Death, {Give street and number.} 17 Perry st

Cause of Death, {First (Primary,) Sun Stroke

{Second (Immediate,)

Duration of Last Sickness, About 5 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 12 1876

{*Undertaker,* J B Cook

{*Place of Business,* No 707 W Baltimore Street *Address*

P Shirley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11375

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Thomas FitzGerald

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line,}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 97. N. Bremont —

Cause of Death, First (Primary,) Cholera Infantum —

Second (Immediate,) Inflammation of Brain (Chronic)

Duration of Last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, July 13 1876

Undertaker, P Kummert

Place of Business, 311 Mulberry

Edwd F. Mulholland M. D.
Medical Attendant.

Address 279. W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11376 OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPT. JUL 12 1876 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward A Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 513 W Saratoga st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 12 1876

Undertaker, S Kummer

Place of Business, 317 Mulberry *Address* 19

A M Taylor M. D.
Medical Attendant.
243 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 11377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, t the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy W Logan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 58 Years

Place of Death, {Give street and number.} 22 Ridgley

Cause of Death, First (Primary.) Brights Disease of Kidney

Second (Immediate,)

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 13

Undertaker, J S Mosher

Place of Business, 130 Camden St

J H Emmy M. D.
Medical Attendant.

Address 76 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore

Permit No. 11378 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* *Days.*

Color, Colord

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No 130 Raburg St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 127 Chesnut alley

Cause of Death, {First (Primary,) Teething / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonny Gray Cemetary

Date of Burial, July 13. James A Steuart M. D.

Undertaker, Samuel Chace

Place of Business, S. Howard St Address Commissioners of Health 2 Bk's Bra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by mother —

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 11379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilie Mary Emma Hartman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Twenty three *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, a Carmelite Nun

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Carmelite Convent corner Eutaw & Hamilton Sts

Cause of Death, First (Primary,) Gastro-intestinal irritation

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, About six days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetary

Date of Burial, July 12th 1876

F. Tholand M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, No 16 Light St *Address* No 14 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11380 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V Gontier

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 20 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, School-teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 37 Jackson Square

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Continuous bad health for years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Edw. McSherry M. D.

Date of Burial, July 14th 1876 Medical Attendant.

Undertaker, Geo Schilling

Place of Business, cor Virginia & Monument st *Address* 187 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11381 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* 4 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 202 N. Eden St.

Cause of Death, {First (Primary,) Fracture of Hip joint
Second (Immediate,) Exhaustion

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 13th 76

{*Undertaker,* Geo. Schilling
Place of Business, on Lafayette & Monument sts

A. E. Stein, M. D.
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hauser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 183 Orchard St

Cause of Death, {First (Primary,) Congestion Brain, Inflammation Lyptic
Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sweethome

Date of Burial, July 13th

Undertaker, Julius Koehler.

Place of Business, Sharp and Crossst

O. A. Cooke M. D.
Medical Attendant.

Address Cor Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11383 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah V. Thomas ~~Little name~~

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 174 Ensor St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 174 Ensor St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Excision Ileal

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Old Meth Ground

Date of Burial, July 12 1876

Undertaker, H. Schultheis

Place of Business, E. Monument St

G. V. Grayson M. D.
Medical Attendant.

Address 18 Asquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 11384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Andrew Eichelberger

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* twenty one *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} N. E. Corner Pitcher & Baltimore Sts.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, July 12th 1876

F. H. Hatard M. D.
Medical Attendant.

Undertaker, W. H. Hackemann

Place of Business, No. 26 Bank St. *Address* N 11th Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 11385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Harkness Kahler

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 229 Saratoga St.

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 229 Saratoga St.

Cause of Death, {First (Primary,) Valvular Disease of Heart.
Second (Immediate,)

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 13th 1876

{*Undertaker,* M A Yaeger
Place of Business, 74 S 13th

E. W. Littell, M. D.
Medical Attendant.

Address 231 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11386 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Bernhard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty Eight *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Eastern Ave & President St.

Cause of Death, First (Primary,) Excessive Heat

Second (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Fort McHenry

Date of Burial, July 13th

Undertaker, M A Daiger

Place of Business, 74 S. Broadway

D C Ireland M. D.
Corner E. Dist. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11387 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Kelsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Home of Aged Franklin & Fulton Sts

Cause of Death, First (Primary,) old age

Second (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 13 1876

Undertaker, J. S. Machen

Place of Business, 150 Camden st *Address* 234 W Fayette St

P. L. Uhler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Downs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 6 Hardens Ct.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 12 76

R. M. Hall M. D.
Medical Attendant.

{*Undertaker,* Samuel W. Schultz Address 266 Sharp St.

{*Place of Business* 194 S. Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jn. C. Jackson

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, one *Years,* five *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number.} No 310 Howard St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Chronic Diarrhea

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 12 76

Undertaker, S. W. Chase

Place of Business, 182 W Lombard

L. B. Dyer *M. D.*

Medical Attendant.

Address No 146 Hull St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11391 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Grosskopf.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty six *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} ~~Corner Eastern Ave & Broadway~~ 213 Shroeder Alley.

Cause of Death, {First (Primary,) Exposure heat.
{Second (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonzus Ch.

Date of Burial, July 13 1876

Undertaker, H Conby Hoke

Place of Business, 309 Central Ave Address

D. C. Ireland M. D.
Medical Attendant.
Coroner E.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Town.

Board of Health, City of Baltimore,

Permit No. 11391 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1976 BALTIMORE

Date of Death, July 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days.

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 26 Emma St.

Cause of Death, First (Primary,) Enterocolitis.

Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mary's Cemetery

Date of Burial, July 12th 1876

Undertaker, W. H. Emma

Place of Business, 104 East St.

J. M. White M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11392 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

Date of Death, July 12 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Cooper

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eleven months *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 423 North Dallas St

Cause of Death, First (Primary,) Intense heat

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21 1876

Undertaker, Wm McDanger

Place of Business, 104 East st

Milton A Taylor M. D.
Medical Attendant.

Address 108 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11393 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* — *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 60 Years.

Place of Death, {Give street and number.} 375 Harford Av

Cause of Death, First (Primary,) —

Second (Immediate,) Effect of the Heat

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Asbury C. Cemetery

Date of Burial, July 12th 1916

Geo. H. Kayser M. D.
Medical Attendant.

Undertaker, Wm H. Dunn

Place of Business, No 104 East St Address 18 Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, and in the absence of such Physician, of the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore.

Permit No. 11394 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carroll

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Widow, Widower or Widowed;~~ {Cross out the words not required in this line.}

Occupation, Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fort McHenry

Cause of Death, {First (Primary.) / Second (Immediate,)} Sun Stroke

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, July 13th 1876

Undertaker, Wm Fry

Place of Business,

L. C. Worthington M. D.

Address Fort McHenry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11395 — OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 BALTIMORE

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angiolla Baccialppo

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Fruit Vender

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} No. 61. President St

Cause of Death, First (Primary,) Sun Stroke

Second (Immediate,)

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, St Leonard Cemetery

Date of Burial, July 13

Undertaker, Hudkins Duffel

Place of Business, 3 Bond st E

P. S. Kenemon M. D.
Medical Attendant.

Address 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...oard of Health, City of Baltimore.

Permit No. 11396 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Fr Male

Age, 35 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, Transit Through

Place of Death, {Give street and number.} Camden Station, B. & O. R. R.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hyattstown N. J.

Date of Burial, July 12

Undertaker, J. N. Troll

Place of Business, 90 S. Hanover

R. C. Lee M. D.
~~Official Attendant~~ Coroner 3 D.

Address N. W. Cor Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

FILM

...oard of Health, City of Baltimore

Permit No. 11397 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~John~~ Ellinghaus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ~~3~~ *Months,* 3 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 122 Ducan alley

Cause of Death, {First (Primary,) Asthenia / Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsis Rom.

Date of Burial, July 13th 1876

Undertaker, Wendell Dippell

Place of Business, Bond st

James A Steuart M.D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

K S·A F E T Y

...oard of Health, City of Baltimor...

Permit No. 11398 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Barnall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Photographer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, 3 mo

Place of Death, {Give street and number.} No 20 N Eutaw St

Cause of Death, First (Primary.) Accidental fall

Second (Immediate.) Concussion of brain & spinal cord

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rochester New York.

Date of Burial, July 13th 1876

Undertaker, Jno H. Weaver

Place of Business, Fayette St

T. H. Scarff. M. D.
Medical Attendant.

Address Dan'l R. Walker M.D
Coroner P.C.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

...rd of Health, City of Baltimore

Permit No. 11399 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Strang

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 17 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. Cor. Calhoun & McHenry

Cause of Death, {First (Primary.) Cholera Infantum

{Second (Immediate.) Spasm,

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 13th 1876

{*Undertaker,* J B Cook

{*Place of Business,* No 707 W Baltimore Street

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore.

Permit No. 11400

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Lewann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, ~~wh~~ colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Chas Co Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 130 Sterling St

Cause of Death, {First (Primary.) Accidental fall from st. along windows} {Second (Immediate.) Fracture of frontal (right) bone + fracture of cervical spine sudden death}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13th 1876

Undertaker, Wm. Hickman

Place of Business, 238 & 240 E. Gay St.

Edmund Rorabeck M.D.
Medical Attendant.
Coroner M. P. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11401

OFFICE OF REGISTRAR OF VITAL STATIST[ICS]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Pinkney

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* Five *Months,* Seven *Days.*

Color, Cold *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 40 Dillen st

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 40 Dillen st

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon~~ Cathedral Cemetery

Date of Burial, July 13 1876

{ *Undertaker,* John C Yeadon

{ *Place of Business,* 63 Park Ave

S. T. Coppier M. D.
Medical Attendant.

Address 134 High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leroy James

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Five Months, Twenty Eight Days.

Color, Mulatto Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 259 McDonough St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 302 Durham St

Cause of Death, First (Primary,) Mal - Nutrition

Second (Immediate,)

Duration of Last Sickness, Five Months & ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 1876

Undertaker, Wm M Dungee

Place of Business, 104 East st

P/ Wm B. O'Reilly M. D.
Medical Attendant.

Address 236 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11403

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs A Sulfer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 2 *Months,* ~~*Days.*~~

Color, White *Sex,* Male

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~. {Cross out the words not required in this line.}

Occupation, Pork packer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Lexington St

Duration of Residence in the City of Baltimore, Life long

Place of Death, {Give street and number.} 557 Lexington St

Cause of Death, First (Primary,) Heart

Second (Immediate,)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 13th 1876

Undertaker, Hughes & Co

Place of Business, 850 Fayette St

Wm H Crim ~~Jr~~ M. D.
Medical Attendant.

Address 183 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 114041

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles W. Brehme

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* nine *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ York Pa.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} ~~York Pennsylvania~~ 1a Madison ave Baltimore

Cause of Death, First (Primary,) ———

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 13/76

Undertaker, J Godey & Son

Place of Business, 41 Hanover St

H Rhotard M. D.

~~Medical Attendant.~~

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

Permit No. 11405 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Houghton L Chester

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 197 S. Dallas St

Cause of Death, First (Primary.) Dentition

Second (Immediate.) Chol Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 1876

Undertaker, Robert W. Locke

Place of Business, 211 S Bond St

James A Steuart M.D.

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Thos H. Chester Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11406

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Woodland

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 3 *Days.*

Color, Dark brown *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wales' Coal-

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Wales Coal-

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, All life -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13" 1876

Undertaker, Wm H Bishop Jr.

Place of Business, 100 Druid Hill Ave.

Jno Dicken M. D.
Medical Attendant.

Address 261 Madison Avenue -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 11407

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lothy H. Armeling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 137 Lancaster St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 13 1876

Undertaker, H. Froehlich

Place of Business, Earle Ave

James H Lewis M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Armeling Father [illegible]

Board of Health, City of Baltimore,

Permit No. 11408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 13 1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilbur H. Eastman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 350 Milliken st.

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, July 13th 1876

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave

Thomas Supplee M. D.
Medical Attendant.

Address 76 Centre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(transit 501)

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. 13 JUL 1876 BALTIMORE, MD.

Permit No. 11409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amos Richards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carrol County Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 361 Mulberry St

Cause of Death, First (Primary,)

Second (Immediate,) Senility

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 14 1876

Undertaker, Lewis Marker

Place of Business, 150 Camden St

J. P. Hoffman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11,118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hostlin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} 28 years

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 116 West St

Cause of Death, {First (Primary,) Rheumatism and Paralysis. Second (Immediate,) Debility and Old age

Duration of Last Sickness, 2 years Bedridden

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 14th 1876

Undertaker, Chas F. Hostel

Place of Business, 161 Hanover St

Geo. H. Benson M. D.
Medical Attendant.

Address 141 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
13
1876
BALTIMORE

Permit No. 11411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th. July 1876. morning Since

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederik Wilfer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} Lancaster Street Nro 81.

Cause of Death, {First (Primary,) / Second (Immediate,)} Tabes mesenterica

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, S. Alfonzos Cemetery

Date of Burial, July 14th 1876.

Undertaker, Leonhard Wurtz

Place of Business, S. Bondstreet 277.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Proctor

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~ *Years,* 5 *Months,* ~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Waters Court

Cause of Death, {First (Primary,) Chol Infantum

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 1876

Undertaker, W. H. Dunges

Place of Business, East St

James A Steuart M.D.
Medical Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Emma Cook mother

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgianna Elmore Youse

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* — *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 172 Preston St.

Cause of Death, {First (Primary,) Convulsions (teething)
Second (Immediate,)

Duration of Last Sickness, Ten hours -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14 1876

Undertaker, John C Jordan

Place of Business, 263 Park St *Address* 112 N. Greene

Louis K. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wunder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 year *Months,* 17 *Days.*

~~Color~~, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bookers Court No 12

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give street and number.} Bookers Court No 12.

Cause of Death, First (Primary,) Fever — Complaint

Second (Immediate,) Dysentery.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery Adolph Boehm, M. D.

Date of Burial, July 13th 1876 Medical Attendant.

Undertaker, P. Hummert

Place of Business, 317 Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11415 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias & Elizabeth Rieloz

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 2 Months *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Shakespear St

Cause of Death, {First (Primary,) / Second (Immediate,)} convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery

Date of Burial, July 13th 1876

Undertaker, John C. Schurr

Place of Business,

James A Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Elias Rieloz Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Schad

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Eight Years, ——— Months, ——— Days.

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 207 E. Fayette St.

Cause of Death, First (Primary,) Exposure Heat.

Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, July 13th 1876

Undertaker, D. Streeter

Place of Business, Chase St. *Address*

D. C. Ireland M. D.
Coroner E. Dist. *Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Estrose Warner

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, Eight *Years,* — — *Months,* — *Days.*

Color, White *Sex.* Male

~~Married,~~ *Single,* ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give street and number. } 300 Walsh St

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) convulsions

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 14th 1876

Elias C Price M. D.
Medical Attendant.

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* No 476 Druid Hill Avenue *Address* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nelson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 25 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} U. S. Hotel - President St

Cause of Death, {First (Primary.) ——} {Second (Immediate.) Convulsions}

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemet

Date of Burial, July 13th 1876

Undertaker, L. P. Byrne

Place of Business, Front St

James H Glenn M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs M. Kelly at Hotel

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Tippens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 299. Hoffman Street.

Cause of Death, {First (Primary,) Apoplexy from heat.

{Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, July 13 1876

{*Undertaker,* C. A. Blizzard

{*Place of Business,* 201 Penn

Martin Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Bantheim

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coach Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey 26 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 276 S. Chas. St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis Hemiplegia 14 years

Duration of ~~Last~~ Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 14th 1876.

Undertaker, F. N. Troll.

Place of Business, 90 S. Howard St

R. C. Lee M. D.
Medical Attendant.

Address N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah R. Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~*Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 8 Oliver St City

Cause of Death, First (Primary,) Second (Immediate,) age & Exhaustion from heat

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 14th July 1876

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St — *Address* N.W. Corner Monument & Howard Sts

W H Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank D Chew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 7 *Months,* ~~—~~ *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 450 W. Pratt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chol Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy

Date of Burial, July 14th 1876

Undertaker, S. W. Chase

Place of Business, S. Eutaw St

Samuel A Henry M. D.
Medical Attendant

Address Commrs of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Andrew Chew Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 4.30 P. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Weider Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 17 N. Central Avenue

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Centr.

Date of Burial, July 14. 1876

James E. Pinnell M. D.,
Medical Attendant.

Undertaker, H. Bohmeyer.

Place of Business, 63 N. Eden St.

Address 2976 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Died on the 8 of July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Mordy Fellum

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 3 months Years, & 2 weeks Months, old Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West coast street Baltimore Md

Duration of Residence in the City of Baltimore, 3 month & 2 weeks

Place of Death, {Give street and number.} Rere St no number

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, W P Fulo

Date of Burial, July 11th.

Undertaker, M H & Son

Place of Business, 1148 W Pratt *Address*

Calvin B Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Smallwood

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, About Seventy Years, *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No 8 Diamond Alley

Cause of Death, First (Primary,) old Age

Second (Immediate,) Exhaustion

Duration of Last Sickness, One week.

*All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 76

Undertaker, S. McGuire

Place of Business, 194 S. Howard St *Address*

Linday Ellicott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Alberta Sims

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, cl

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 50 Josephine St Balt

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Absolute prostration from heat

Duration of Last Sickness, One Month has Suffd.—

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 13 76

Undertaker, J S Mc Ghee

Place of Business 198 Howard St

M Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of He[illegible]

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

Permit No. 11427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Moore

~~Sex,~~ ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, five days *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mulberry. Corner.

Cause of Death, {First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 13th 76

Undertaker, A. M. C. Perry

Place of Business,

James A Steuart M.D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D. Lefevre W. P. Station

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ ~~Months~~, 9 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 9 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) ____ Convulsions

Second (Immediate,) ____

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 14. 1876

Undertaker, Saml Bowen

Place of Business, 15 & Division St.

Mahlon Brown M. D.

Medical Attendant.

Address 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) ____ Second (Immediate,) Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, July 14. 1876.

Undertaker, Saml Bowser

Place of Business 153 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 211 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Rose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 25 yrs ~~Years~~, ——— *Months,* ——— *Days.*

Color, white

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 23 f Aliceanna St

Cause of Death, {First (Primary,) Unknown
Second (Immediate,)}

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 13th 1876

Undertaker, Chas Strieper

Place of Business, Pratt & Chas

James A Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilton Howard Simmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eight months *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Orphans Asylt 174

Cause of Death, First (Primary,) Inflam'd bowels

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, About a day

All the above Information should be furnished by the Physician.

Place of Burial, Ft Mcnon Cemetery

Date of Burial, July 14

Undertaker, C. H. Ramsey

Place of Business, 136 E Fayette

Milton A Taylor M. D.
Medical Attendant.

Address 108 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. A 11432 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

Date of Death, ~~William~~ ~~Louis H. Carter~~ 12th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis H. Carter

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 2 *Months,* 24 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211 Bal- Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 14 th 1876 J. E. Hannigton M. D.
Medical Attendant.

Undertaker, C. H. Krause

Place of Business, 209 Hanover st *Address* 321 Light st. city,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie R. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 269 E. Balt st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 14th 1876

Undertaker, W A Saiger

Place of Business, 94 B'way

John A. Conner M. D.
286 E. Balt st Medical Attendant.

Address of N. W. Cor Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 to 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McEnery

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Servant in Hospital

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 9 month

Place of Death, {Give street and number.} Saint Agnes Hospital

Cause of Death, First (Primary,) Coma de Tobul

Second (Immediate,) Cerebral congestion

Duration of Last Sickness, Mont 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 14 to 1876

Undertaker, H B Cook

Place of Business, No 707 N Baltimore Street

N. G. Ridgely M. D.
Medical Attendant.

Address 33-2 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Moyland.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 5 E. Monument St.

Cause of Death, First (Primary,) Cholera-Infantum

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 13th 1876

J. M. Stevenson M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address* 133 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Rodgers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Store Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 782 McElderry Street

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Forming of the nervous matter of the Brain

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 13 1876

Undertaker, James F Byrne

Place of Business, No 63 N Front St *Address*

J J Miller M. D.
Medical Attendant.
189 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Edwards Tyler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 194 N. Calhoun St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera infantum / Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, To be sent to Baltimore Falls Mass

Date of Burial, July 14/76

Undertaker, Chenoweth & Guide

Place of Business, 725 W. Baltimore

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 60 2

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Siechting (Siechting)

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* 21 *Days.*

Color, White *Sex,* Male.

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 1330 E. Fremont St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Hydrocephaloid with Convulsions

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenhill Park Cemetery

Date of Burial, July 14th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

A. K. Fetterhoff M. D.
Medical Attendant.

Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Adline Behrmann.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* two *Months,* two *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 182 S Bond Street.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 192 S Bond St.

Cause of Death, First (Primary,) Second (Immediate,) Cholera infantum.

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, July 14

Undertaker, Leonhard Kurz

Place of Business, No 275 South *Address* Bond St.

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th July 1876 2 o'clock at noon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Resler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. during lifetime

Place of Death, {Give street and number.} Bethel Court 201

Cause of Death, {First (Primary,) / Second (Immediate,)} Eclampsia

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, July 14th 1876.

Undertaker, Leonhard Feurz

Place of Business, S. Bondstadt 277.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11ef1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Mauk

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 7 *Months,* 22 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and number.} 38 Pratt St.

Cause of Death, First (Primary,)

Second (Immediate,) Dysentery,

Duration of Last Sickness, Ten days,

All the above information should be furnished by the Physician.

Place of Burial, Frenthe L Y.

Date of Burial, July 15

Undertaker, L Beyer

Place of Business, 78 S. Broadway

John Morris *M. D.*
Medical Attendant.

Address No. 5, Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectively, having to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Brockerding

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 17 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 195 Hanover St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, July 14th

C. W. Hillenbrand M. D.
Medical Attendant.

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave *Address* 121 W. Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11414 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

Date of Death, July 13th 1876 8 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lee Hauber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 22 S. Exeter St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Road

Date of Burial, July 14th

Undertaker, Morton D. Banks

Place of Business, South st.

James E. Donnelly M. D.
Medical Attendant.

Address 297 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Linnie Deckerman

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, ____ *Years,* 8. *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt. City

Duration of Residence in the ~~City of Baltimore~~ Institution 1 day

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) convulsions

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 14 th 1876

Undertaker, P. Hummert

Place of Business, 317 Mulberry St

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Wingertszahn

~~*Sex*~~, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* [redacted]3 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kreuznach Germany.

Duration of Residence in the City of Baltimore. 10 years

Place of Death, {Give street and number.} 135 Camden St.

Cause of Death, First (Primary,) metritis puerperalis

Second (Immediate,) softening of the brain.

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus. Cemetery

Date of Burial, July 13th/76

Undertaker, F. H. Troll

Place of Business, 90 S. Howard St

Henry Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

Date of Death, July 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Catherine Blattner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, white *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 75 Milliman Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 34 hours

All the above information should be furnished by the Physician.

Place of Burial, St Mathia Cemtr. Chas. J. Kluebe *M. D.*

Date of Burial, July 14 1876 Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11447.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Swope

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 9 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life except last 2 mos

Place of Death, {Give street and number.} Phila road Balto. City

Cause of Death, First (Primary,) Malarial

Second (Immediate,) Remittent Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, 15 July 1876

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St

J. Gilman M. D.
Medical Attendant.

Address 172 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Norton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Sixteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 5 Lanes Alley.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 14/76

Undertaker, Wm. Wyman

Place of Business, 51 Park ave.

F. H. Watson M. D.
Medical Attendant.

Address No 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Horigan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 17 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 348 William st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 14 1876

O. A. Cooke M. D.
Medical Attendant.

Undertaker, Chas F. Herold

Place of Business, 161 Hanover st *Address* Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11425

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gleeson Haynes

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* Three *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 642 West Fayett st

Cause of Death, {First (Primary,) / Second (Immediate.)} Cholera infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, July 14th 1876

Undertaker, J. B Cook

Place of Business, No 707 W Baltimore Street *Address*

J. J. Smithcamp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

Date of Death, July 13th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, , *Years,* One *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 167 Pine Ave

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 116 Pine Ave

Cause of Death, { First (Primary,) ; Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Frederick city Md

Date of Burial, July 15th

{ *Undertaker,* A. B. Leach
{ *Place of Business,* No 707 W. Baltimore Street

[illegible] M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.

(Transit 503)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hoopes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Clarke's alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Summer Complaint

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemy

Date of Burial, July 14 1876

Undertaker, A. H. Clark

Place of Business, Howard St

James A Steuart M.D.
Medical Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Caroline Fisher Medford [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. S. Stuart, M.D.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 222 N. Caldwell St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Nervous Prostration from Intermittent

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loden & Co Md. F. Maclay M. D.

Date of Burial, July 16th 1876 Medical Attendant.

Undertaker, H. W. Jenkins & Son *Address* 105 Park Ave

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...cian who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...s far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...e cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 504)

...ase of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Kister

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 12 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Grenada Miss.

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 71 S. Gist St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Meningitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 15th 1876

Undertaker, W. A. Poiger

Place of Business, 424 S. B'way

G. Glanville Rue M. D.
Medical Attendant.

Address Balto Wash. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ow, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie Hutchins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 10 N. Castle St.

Cause of Death, {First (Primary,) Lip Mus maculature. Second (Immediate,) Exhaustion

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14 1876

Undertaker, Wm N Dungee

Place of Business, 104 East st.

G. Glanville, Res't ~~M.D.~~ Medical Attendant.

Address Balt & Ware. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ases on the Premises Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hesker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, C *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} ~~No 5 Dallas St~~ 14 Herring's Ct.

Cause of Death, First (Primary,) ...

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14 1876

Undertaker, Wm A Dunge

Place of Business, 104 East st

W. H. White M. D.
Medical Attendant.

Address Easton Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July ~~25~~ 11th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles W. Fleming

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 25 S. Exeter

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) ____

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Date of Burial,* July 15th

J. W. P. Bates M. D.
Medical Attendant.

{ *Undertaker,* J. P. Bowers / *Place of Business,* N. Front St *Address* 13 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Randolph A. Vandoniker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 168 Solon St.

Cause of Death, First (Primary,) Injury to Spine

Second (Immediate,) Psoas abscess & Exhaustion

Duration of Last Sickness, Four three weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 14th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave

J. D. Thomson M. D.
Medical Attendant.

Address 248 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Watkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, July 15th 1876

Undertaker, H. Schultheis

Place of Business, Mount St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 196 Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1896 BALTIMORE

Date of Death, July 14th, 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 4 *Months,* *Days.*

Color,

Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton, Md.

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 298 Ann St

Cause of Death, First (Primary,) Bowel trouble from unknown

Second (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Co. Md

Date of Burial, July 16th, 1896

Undertaker, Wm A Daigle

Place of Business, 740 S Bds

W. W. White M. D.
Medical Attendant.

Address 310 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 505)

[OVER

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11461

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Dwyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 55 *Years,* ~~2~~ *Months,* *Days.*

Color, Wht *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Watchman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20

Place of Death, {Give street and number.} N° 10 South H

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 14

Dr Fuchenbuhler M. D.

Undertaker, S B Cook

148 Mulberry St Medical Attendant.

Place of Business, 707 W Pr Baltimore Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spection of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Edwin Pumphrey.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 22 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 165 Lee St.

Cause of Death, {First (Primary.) ..... Second (Immediate.) Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount David

Date of Burial, July 15th 1876

Undertaker, Wm F Tickner

Place of Business, Eutaw st & Camden st

F. J. H. Tall M. D.
Medical Attendant.

Address 15 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Krause

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 20 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 209 Hanover st

Cause of Death, {First (Primary,) ____ Second (Immediate,) Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 15 1876

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

R. W. Dodge M. D.
Medical Attendant.

Address 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ry notice to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. A. Hunter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, About 22 years

Place of Death, {Give street and number.} 34 S Gilmor St

Cause of Death, First (Primary,) Phthisis Tracheal is

Second (Immediate,)

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, July 15 — 1876

Undertaker, J. B. Blackistons Son

Place of Business, 606 Balt St

R. K. Kraus M. D.
Medical Attendant.

Address 554 Co Dayton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physician's address below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Sauter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Silversmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 100 Lee St

Cause of Death, First (Primary,) Effects of Heat

Second (Immediate,)

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, July 15th 1876

O. H. Cooke M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 631 Fremont St *Address* Cor Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Kate Giles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 51 Arch st

Cause of Death, {First (Primary,) / Second (Immediate,)} Unknown

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15 1876.

Undertaker, Wm N Dunge

Place of Business, 104 East st

H Darby M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F I L M

Board of Health, City of Baltimore,

Permit No. 11467

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Weaver

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, about 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Western Station House

Cause of Death, First (Primary,) Whisky & Heat

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Saint Alfonsis

Date of Burial, July 15 1876

Undertaker, J. F. Pauly

Place of Business, 66 Frederick Ave

H Darling M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joyce J. Deaver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 169 N. Canal St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1876

Undertaker, J. H. Heuer

Place of Business, Fayette st

C. E. Stein M. D.
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

...ATTENTION TO THE REMARKS BELOW, and to LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1896 BALTIMORE.

Date of Death, July 14 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hilda Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 36 Harrison

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Collapse.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, July 16 th

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Moses Langrod

Place of Business, 36 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Rawlins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

Occupation, ~~Laborer~~

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Corner Lombard & Aisquith

Cause of Death, {First (Primary.) Stomach Colic

Second (Immediate,) ~~Stomach Colic~~

Duration of Last Sickness, Five or 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery.

Date of Burial, July 15th

Undertaker, P. Frey.

Place of Business, 91 Eastern Ave.

J. Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aloyo. Joseph Abendschoen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 16. *Months,* 20. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 200 Montgomery St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. J. A. Smith M. D.

Date of Burial, July 15th Medical Attendant.

Undertaker, C. F. Krause. *Address*

Place of Business, 209 Hanover st. 108 N. Chas St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Scott Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 22 *Years,* — *Months,* — *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} 16 Bath Street

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, H-Potters Field

Date of Burial, July 15th 1876

Undertaker, C. Shriver

Place of Business, Pratt St

James A Steuart M.D.

Medical Attendant

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information, Elias Barnes, - Living in house

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Goggins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} dont know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont know

Duration of Residence in the City of Baltimore, Six (6) Years

Place of Death, {Give street and number.} Md. Penitentiary

Cause of Death, {First (Primary,) insane

{Second (Immediate,) consumption

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 15th 1876

{*Undertaker,* L. Stuchpin

{*Place of Business,* Pratt St

J. M. Burke Byrle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, together with such other particulars as may be required in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles August W. Kethe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, 5 Mo. 21 da.

Place of Death, {Give street and number.} 109 Jackson Ct.

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Lot City 1816 H. H. Nolan *M. D.*

Date of Burial, Westren Cemetery Medical Attendant.

Undertaker, P. Kammerd *Address* 572 N. Lanvale St

Place of Business, 317 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 5. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ctfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Shepard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Jordan alley

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, July 15th

Undertaker, C W Blizzard

Place of Business, 201 Penn ave

Wm A Hamilton M. D.
Medical Attendant.
240 Madison ave
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Removal, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. H. H. Hartlar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Williamsport Md.

Duration of Residence in the City of Baltimore, 1 year 1 Mo. 15 D.

Place of Death, {Give street and number.} Bellair Ave.

Cause of Death, First (Primary,) Stomach

Second (Immediate,) Inflamation Bowels

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County R.C. Watson M. D.

Date of Burial, 16 of July Medical Attendant.

Undertaker, Adam Sink

Place of Business, 461 W. Jay St *Address* 434 N. Mont-Clare

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectively invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret C Hutchins

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, 23 *Years,* *Months,* 28 *Days.*

Color, White *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 768 Baltimore

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 months and a half

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cem.

Date of Burial, July 16th 1876

Undertaker, Jacob Weaver *Address* 55 Sharp st

Place of Business, No 446 Druid Hill Avenue

W. C. Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Johnson

Sex, Male or ~~Female~~? {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 62 Biddle alley

Cause of Death, {First (Primary,) Diarrhoea — ? Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, July 15th 1876

Undertaker, John W. Lock

Place of Business, Wolf St.

James A Steuart M. D.
Attending Physician.

Address Commiss of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Annie Johnson Wife

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11479 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Gunderman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 Henrietta St.

Cause of Death, {First (Primary,) Cholera Infantum; Second (Immediate,) Meningitis}

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery — R. J. H. Tall M. D. Medical Attendant.

Date of Burial, 17

Undertaker, H. Brieler

Place of Business, 81 Henrietta st — *Address* 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Stark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* Eleven *Months,* five *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 348 East Chase Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five (5) Days.

All the above information should be furnished by the Physician.

Place of Burial, German Cath. Burial Ground

Date of Burial, Sunday July 16th 76.

S W Schuck M.D.
Medical Attendant.

Undertaker, Heinrich Hoeck *Address* 29 South Sharp St

Place of Business, 317 Canal Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Guttobella

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 n Abbott St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 15th 1876

Undertaker, H. Hoeck

Place of Business, Central ave

James A Steuart M. D.
Medical Attendant

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

Date of Death, July 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lus Stanley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} —

Age, 64 *Years,* *Months,* *Days.*

Color, Black *Sex,* —

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} —

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Bull Infirmary.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, W P Field

Date of Burial, July 15th

Undertaker, M H & Perry

Place of Business, 448 W Pratt

T A Ashby M. D.
Medical Attendant.

Address Bull Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winfred T. Keelan

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 83 S Chester St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 16th 1876

R. W. Manfred M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co
Place of Business, 65 & Broadway} *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. C. Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 57 Burk st

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, Forty-eight (48) hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 16/76

Undertaker, Stighes & B

Place of Business, 65 S Broadway

G L Wilkins M. D.
Medical Attendant.

Address 69 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11240

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11485

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Baer —

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, *Years,* — *Months,* 14 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 144 N. Caroline St —

Cause of Death, First (Primary) 24

Second (Immediate,) Stomatitis.

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician

Place of Burial, Presbyterian's Grav. Yard.

Date of Burial, July 16. 1876.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

J. Buchanan M.D.
Medical Attendant.

Address 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 11 N. Dallas st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, July 15 1876

Undertaker, Wm A Dange

Place of Business, 104 East st

John H Comer M. D.
Medical Attendant.
286 E. Balt st
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August H. Gunther

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Five Months, two ~~Months~~ Days

Color, Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 376 N. Washington St

Cause of Death, First (Primary,) Treated by other Physicians

Second (Immediate.) Supposed Cause Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 16th 1876

Undertaker, Jno. H. Wickham Address 341 N. Broadway

Place of Business, 234 S. Eutaw St.

H. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wesley Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Pamela st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 16 — 1876

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Bath st

W. C. Rogers M. D.
Medical Attendant.

Address 7 N. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July. 15. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Clarke Wordsley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} 384 E. Eager. St.

Cause of Death, {First (Primary,) Intussusception. Second (Immediate,) Inanition

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 16th

Undertaker, Geo Schilling *Address* 235. N. Broadway.

Place of Business, cor Aisquith & Monument St

H. J. O'Reilly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Robert Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 13 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. Cor. Dallas & Eastern

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 15

Undertaker, Wm. Fry

Place of Business, Broadway & Fayette

L. L. Wilkes M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Byrne

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25. N. Amity

Cause of Death, {First (Primary.) Meningitis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 16th 1876

Undertaker, J. F. Cook

Place of Business, No 704 W. Baltimore street

Edwd F. Mulholland M. D.
Medical Attendant.

Address 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Evans

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 517 N Lowndes St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 15 July

Undertaker, J.B. Crop

Place of Business, 707 West Baltimore *Address* 707 W. Baltimore St

W.C. Kegler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law, -

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Bengel

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, — *Years,* 3 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 737 S. Frock

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, since birth.

All the above information should be furnished by the Physician.

Place of Burial, 5th Lutheran Reformed St Paul Cemetery

Date of Burial, July 16th 1876

Abram B Arnold (M. D.) Medical Attendant.

Undertaker, H. Trenkle

Place of Business, 246 Eastern Av

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11494

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miles McSweeney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~, ~~Single~~, ~~Widow~~ or Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) ~~Do~~

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Resler Road

Date of Burial, July 16 1876

Edw F. McSweeny M. D.
Medical Attendant.

Undertaker, Mr Cyprus and
Place of Business, Orland

Address 27 G. W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Givan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 280 Light St

Cause of Death, First (Primary,) Pregnancy

Second (Immediate,) Uraemia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 18th 1876

Undertaker, Amoty & Denny

Place of Business, 263 Light St

J. Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Saunders.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 9 *Months,* —— *Days.*

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 304 Light St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis Pulmonalis.

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, July 18 1876

{*Undertaker,* Armstrong & Sons / *Place of Business,* 263 Light}

R. J. H. Tall, M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ction of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Numan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor Holiday & Pleasant

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Hilman st

Cause of Death, {First (Primary,) Cholera Infant / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 16th 1876

B. F. Coyner M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 630 N Gilmore

Address 134 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada A. Dobson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 23 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 298 S. Howard St.

Cause of Death, First (Primary,) Heat

Second (Immediate,) Summer Complaint

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 16th

Undertaker, Hercules Ross

Place of Business, 180 Mercer St

R. C. Mc M. D.
Medical Attendant.

N. W. cor. Howard & Barre sts.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and ... on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11,499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 96 6th A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Penil

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 200 N. Dallas St

Cause of Death, First (Primary,) Consestive Intermittent fever

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th

Undertaker, Adam Fenk

Place of Business, 461 North Gay St.

James E. Donnelly M. D.
Medical Attendant.

Address 2998 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11,500

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj. Cromwell

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 38 *Years* × *Months,* × *Days.*

Color, Col'd *Sex,* M

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~ Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} 22 Bolton al.

Cause of Death, First (Primary,) Enteritis

Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loanel Cemetery

Date of Burial, July 17th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

A. J. Reynolds M. D.
Medical Attendant.

Address 186 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm F. Wallis

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, X *Years,* 1 *Months,* X *Days.*

Color, W *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} 76 E. Eager St

Cause of Death, First (Primary,) Chol Infant

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 16th 26

Undertaker, Wm H. Hickman

Place of Business, 23 & St. Guy St.

Address 186 Aisquith St.

A. J. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11502.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hobury

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Piano Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth} Hanover

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} 247 Conway St

Cause of Death, First (Primary.) Apoplexy

Second (Immediate.) Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 16th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

J. Mowry M. D.
Medical Attendant.

Address 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

E T Y ▲ F I L M

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,503.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Sachs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Tayler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 121 McElderry St

Cause of Death, {First (Primary,) Consumption of the Lungs

{Second (Immediate,)

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th/76

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Aisquith & Monument *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda M. Wood

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 34 *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Vest Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 22 Russel St

Cause of Death, First (Primary,) .. Phthisis Pulmon

Second (Immediate,) Debility

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, July 17th 1876

Undertaker, J B Cook,

Place of Business, No 707 W Baltimore Street

D. R. Usher M. D.
Medical Attendant.

Address 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwd. R. Whitney.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 7 *Months,* 16 *Days.*

Color, White.

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Ann Co, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 231 Lemmon St.

Cause of Death, First (Primary,) Abscess in Neck,
Second (Immediate,) Acute Cerebral Convulsions.

Duration of Last Sickness, 10 Hours.

All the above information should be furnished by the Physician

Place of Burial, Western cemetery

Date of Burial, July 16th 1876

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore street

John L. R. Rogers M. D
Medical Attendant.

Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,506.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothy Ann Boyce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 225 S. Ann

Cause of Death, {First (Primary,) Rheumatic} Lesions of the Mitral & Aortic Valve, involving

{Second (Immediate,)} Dropsy — Chest, Abdomen and Lungs

Duration of Last Sickness, About Eight (8) months

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cem

Date of Burial, July 16th 1876

Undertaker, W A Daiger

Place of Business, 24 S Broadway "

J. L. Wilson M. D.
Medical Attendant.

Address 6 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Disease of the Heart

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Waskey.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 24 *Years,* 11 *Months,* 23 *Days.*

Color, White *Sex,* Female.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 315 N. Donough St.

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,) 3 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th 1876

Undertaker, M. A. Darger

Place of Business, 74 S. Eutaw St. *Address*

J. D. Powell M. D.
Medical Attendant.

72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11,508 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Harrison

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, 18 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balti: City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Charles n Infant Home

Cause of Death, {First (Primary,) / Second (Immediate,)} E Cor Lombard & Chester Sts

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balt: County

Date of Burial, July 17 1876

Undertaker, W. H. Daiger

Place of Business, Broadway

James A Clemens M. D.
Medical Attendant.

Address 108 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Undertaker

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Meisner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 279 Alice Ann St.

Cause of Death, {First (Primary,) Marasmus.

{Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, July 16 1876

Undertaker, Wm Nicolaus

Place of Business, 258 Aliceanna St

James A Steuart M. D.

~~Medical Attendant~~

Address Com'r Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th July 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Genert.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimo Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Elizabeth Lane

Cause of Death, {First (Primary.) Cholina Infantin
Second (Immediate,) Inf. Brain & Hydrocephalus

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetry

Date of Burial, July 18th

{*Undertaker,* Henry Brile
{*Place of Business,* Henrietta 81

D. W. Dodge M. D.
Medical Attendant.

Address 201 Hanover St
Baltimo Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willibald Brosch

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 1 *Months,* 6 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 495 Harford Avenue

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 17, 1876

Undertaker, [illegible]

Place of Business, [illegible]

P. G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Stein

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Twenty one *Years,* *Months,* eight *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} N° 144 Park Ave

Cause of Death, First (Primary,) —

Second (Immediate,) Albuminuria

Duration of Last Sickness, More than a year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery F. Whatard M. D.

Date of Burial, July 17th 1876 Medical Attendant.

Undertaker, Wm Eilau *Address* N° 114 Park Ave.

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 16 Th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ann Dinson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole Life

Place of Death, {Give street and number} 198 Barre St

Cause of Death, {First (Primary.) Hepatites, Second (Immediate,) Paralysis

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 17th 1876

M Hammond M. D.
Medical Attendant.

Undertaker, Thos Meacher,

Place of Business, No 150 Camden, *Address* 53 N Paca Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th July 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Catharine Howell Jenkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 181 Walker St

Cause of Death, First (Primary,) Diarhoea

Second (Immediate,) The extreme heat

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 17th

Undertaker, Thos. Godey & Son

Place of Business, 41 Hanover St

F. Donaldson M. D.
Medical Attendant.

Address 108 Park Ave Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

IN SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Schlegel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 751 Light st

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} No 751 Light st

Cause of Death, {First (Primary.) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 17th 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover st

A. J. Dodge *M. D.*
Medical Attendant.

Address 201 Hanover st Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

Date of Death, July 16.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 704 York St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th 1876 Theodore Cook M.D.
Medical Attendant.

{*Undertaker,* Charles F. Herold *Address* 146 Hanover
{*Place of Business,* 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or final decease, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kress

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 430 Canton ave

Cause of Death, {First (Primary,) Teething / Second (Immediate,) convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 17th 1876

James H Steuart M. D.

Undertaker, John Braun

Place of Business, Wolf St

Address Commiss of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Braun undertaker [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otlia E Bannagan.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 18 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 169 Penna ave.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 169. Penn a ave.

Cause of Death, First (Primary,) Convulsions Infantile

Second (Immediate,) Convulsions.

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount St Marys Cemetery

Date of Burial, July 17th 1876

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette st

Wm Cran Bibbins M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

Date of Death, July 15th Eighteen hundred

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McGowan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 350 E. Fayette St.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 350 E. Fayette St.

Cause of Death, First (Primary,) Acute Catarrhal Pneumonia

Second (Immediate,) Hydrothorax, (15 days of the Continuance)

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, Monday July 17th 1876

Undertaker, Wm Fry

Place of Business, 54 N Broadway *Address*

Fowler, Taylor & Rust M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1876 4 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Kogelsheatz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sexteen Years

Place of Death, {Give street and number.} 180 Fraston St

Cause of Death, First (Primary,) Cholera. M.

Second (Immediate,)

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery John. J. Fitzer. M. D.

Date of Burial, July 17 1876 Medical Attendant.

Undertaker, H. Kennert

Place of Business, 317 Aisquith St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Weisgerber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 3 Hill St.

Cause of Death, {First (Primary,) Internal Convulsions,
Second (Immediate,) An eczematous eruption which covered the face, neck, and hands.

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, 19 July

Undertaker, [illegible]

Place of Business, 36 Thames St.

John H. Rehberger, M.D.
Medical Attendant.

Address 243 Alice-Anne St.

HEALTH DEPARTMENT JUL 15 1976 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11522.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Rodeman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} Raborg St 108

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 17th 1876

W. B. Fidcomb M. D.
Medical Attendant.

Undertaker, Wm F Frey

Place of Business, 65 Mulberry St *Address* 618 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11523,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Joyce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 348 S. Durham St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, July 17th 1876

Undertaker, Fockler

Place of Business, 246 Eastern Av

Thos. F. Shaw M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th of July 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Will

~~Sex~~, *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 292 Eastern Ave

Cause of Death, First (Primary,) Cholera nostras

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, July 17th 1876

Undertaker, H. Foeckler

Place of Business, 246 Eastern Av

Address 248 S. Bethmont

F. Guthrie M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keeper's ... No. 11828

e SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. ...

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 20 McHenry

Cause of Death, First (Primary,) Bright's Disease of Kidneys

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Mo.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 18

Undertaker, Jno. S. Mather

Place of Business, 150 Camden St

A H Cheney *M. D.*
Medical Attendant.

Address 762 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margret Davey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alma Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) Second (Immediate,) General debility

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery Jno. Rooke Boyle M. D. Medical Attendant.

Date of Burial, July 17 1876

Undertaker, H. Schultheis Address 166 E. Eager St

Place of Business, Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa M. Schaefer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Four *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 257 Central ave.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Eclampsia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, July 18th

Undertaker, George Schilling

Place of Business, Cor of Biddle & Monument St.

Geo. A. Hartman M. D.
Medical Attendant.

Address # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary East

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 4 Years Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bates

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 276 Johnson near Fort

Cause of Death, {First (Primary,) Premature birth

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Josephs

Date of Burial, July 17 2 oclock

Undertaker, C. F. Krause

Place of Business, 160 Hoffman st

Address Sharp St

D. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

Date of Death, July 16.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Florence D. Scott

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 24 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 214 Hanover

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17, 76

Undertaker, Samuel W. Chase

Place of Business, 18 S. Howard st

By Wm. Lee Cook *M. D.*
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS HEREON, AND TO LIST OF DISEASES AND FORM OF CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Dudley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, One Months, Fourteen Days Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 251 N. Gallow st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, July 17 1876

Undertaker, Wm J Redmond

Place of Business, N E Cor Fremont and Monument St

Wm H. Clendenen, M. D.
Medical Attendant.

Address No. 139 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION OF PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Francis Benj. Mohlizer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Fremont St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 17

Undertaker, C H Krause

Place of Business, 209 Hanover st.

H. R. Dodge M. D.
Medical Attendant.

Address 201 Hanover St. Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Goeglein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, eight years

Place of Death, {Give street and number.} 150 N Eight St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolto. Cemetary

Date of Burial, 18th July 1876

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

Dr. J. Montgomery M. D.
Medical Attendant.

Address 76 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS PRINTED HERE, AND TO THE ACT OF [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna F Polton (Polton)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 184 Stiles St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 13th 1876

Undertaker, Jos Lowe

Place of Business, 568 W. Baltimore st

A Hewes M. D.
Medical Attendant.

Address 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Fuller Towson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, (1) one *Years,* (2) two *Months,* 27 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 1yr 2 mos & 27 days

Place of Death, {Give street and number.} No 8. Walnut Alley

Cause of Death, First (Primary,) Encephalitis

Second (Immediate,) "

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 17

J. C. Hammett M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address* 90 Penn Ave Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11535 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

Date of Death, July 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Henry Glazier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 13 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4 mos & 13 days

Place of Death, {Give street and number.} 72 Walnut Alley

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 18th

J. C. Hamm M. D.
Medical Attendant.

Undertaker, W. Schilling

Place of Business, 72 Penn Ave Address 190 Penn Ave Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Schlauch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 186 Preston Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Comty C. C. Horn M. D.

Date of Burial, July 18th

Medical Attendant.

Undertaker, Wm Schilling Address 226 Hulling Str

Place of Business, 72 Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 11537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

Date of Death, July 17th 1876, last past one o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Elisabeth Nolte

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* 7 ~~XXX~~ *Months,* eleven *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bevan St. near N. H.

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) Hydrops acutus ventriculorum cerebri

Duration of Last Sickness, eleven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18th 1876

Adolph Boehm, M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 16 Hanover St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 11538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. M. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 1 d. *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Albow Lane no 108

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Thrush

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18

{*Undertaker,* J B Cook

{*Place of Business,* 707 West Baltimore

D. L. Buddenbohn M. D.

Medical Attendant.

Address 116 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Light Mulatto *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life,

Place of Death, {Give street and number.} 261 Lombard

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Asthenia

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 18th 1876

Undertaker, Chas. J. Scriven

Place of Business, 271 W. Eutaw St

Jno Dickson M. D.
Medical Attendant.

Address 261 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea[illegible] sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTI[illegible]E.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Talbott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Yrs~~ *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. Bruce Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, July 18 1876

Undertaker, [illegible]

Place of Business, [illegible] Address [illegible]

L. E. Lane *M. D.*
Medical Attendant.
Address 226 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11541

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* ~~~ *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 209 N. Caroline

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} 209 Caroline

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial,

Undertaker, Wm King

Place of Business, Broadway 54

S. T. Coyner *M. D.*

Medical Attendant.

Address 134 N. High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 115212

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Robert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 17 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 14 Commerce St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery

Date of Burial, 18 of July

Undertaker, Adam Sink

Place of Business, 461 W. Gay St

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 · 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Maud Devitt

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 · *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 1/4 Fayette c" Balt

Duration of Residence in the City of Baltimore, 2 y 4 m.

Place of Death, {Give street and number.} S W cor Eden & Fayette

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel

Date of Burial, July 18th 76

Undertaker, Wm Frey

Place of Business, Broadway & Fayette Sts

J H Watson M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ehrhard Denerling

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 73 *Years,* 4 *Months,* 17 *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 91 Endor St.

Cause of Death, First (Primary,) Gastritis & Enteritis

Second (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus St.

Date of Burial, July 19 1876

Undertaker, Henry Hoerle

Place of Business, 309 W. Fredrick St.

M. B. Billingsley M. D.
Medical Attendant.

Address Cor. Harford Ave & Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11545

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sir Quin Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 226 Mulberry St.

Cause of Death, First (Primary.) Exhaustion of Heart & Stomach

Second (Immediate.)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician

Place of Burial, Sharp St. Cemetery.

Date of Burial, July 18th 1876

Undertaker, Wm H. Bishop Jr.

Place of Business, 100 Druid Hill ave

L. E. Kerr M. D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Printed Rules below, and to List of Diseases on the Certificate.

Board of Health, City of Baltimore,

Permit No. 11546

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Lee Bohner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No 153 Paca st

Cause of Death, First (Primary,) Exhaustion Lot weather

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 19th 1876

Undertaker, John L. Weaver

Place of Business, #22 W. Fayette St. *Address* Cor Dolphin & Rop

B F Bohner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Austin Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give street and number.} Court House Lane No 3

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July [redacted] 1876

{*Undertaker,* John C Gordon

Place of Business, 63 Park ave

A A Kurtz M. D.
Medical Attendant.

Address 57 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Dinhoff

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 9 *Days.* 14

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Broadwood Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 13 days,

All the above information should be furnished by the Physician.

Place of Burial, Federal Cemetery

Date of Burial, Aug 7th 1876

Undertaker, Jno F Davis

Place of Business, 68 Hanover St

John L. A. Kraze M. D

~~Medical Attendant.~~

Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Reed

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 allens Alley

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, N. Potter Field

Date of Burial, July 18th 1876

James H Lewis M. D.

Undertaker, C. Sheets

Place of Business, Pratt St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Ann Wilson friend

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anstina Ruffle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Canton ave 472.

Cause of Death, First (Primary,) Cholera Infantum with Stomatitis Exhaustion

Second (Immediate,) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, July 18th 1876

Undertaker, H Frochlich

Place of Business, 246 Eastern Av

John A Schmitt M. D.
Medical Attendant.

Address N E Bough & Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11537.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 283 E. Durham St

Cause of Death, {First (Primary.) ——— Second (Immediate.)} Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 18/76

Undertaker, H. Frohlich

Place of Business, ———

James F Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence E. Grafe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 42 S. Chester St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 19th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Jesse E. Wright M. D.
Medical Attendant.

Address 2218 Bolt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Francis Gaddis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 107 N. Gay Street

Cause of Death, {First (Primary,) Typhoid Infection

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 18 1876

Undertaker, James B Byrne

Place of Business, No 63 N Front St

L. E. Linn M. D.
Medical Attendant.

Address 226 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Hennessy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Long time

Place of Death, {Give street and number.} No. 173, Madison Ave

Cause of Death, {First (Primary.) Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel.

Date of Burial, July 18th

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

R. L. Gatch M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Oliver Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 23 Gittings St.

Cause of Death, {First (Primary,) Inflammatory Cerebro Spinal Meningitis

{Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 18th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. C. Lee M. D.
Medical Attendant.

N. W. cor
Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11536 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna, C Linton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} on the Top of Federal Hill

Cause of Death, First (Primary,) Bilious & Dysentery

Second (Immediate,) Confinement & General Debility

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Elliott City Howard Co

Date of Burial, July 19th 1876

H. B. Noble M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address* 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 507

[OVER.

Board of Health, City of Baltimore,

Permit No. 11537.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A Downs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Peuna

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 39 North Market Space

Cause of Death, First (Primary.) Heat

Second (Immediate.) Sunstroke

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, W P Field

Date of Burial, July 17

Undertaker, Charles Stamps

Place of Business, Bal & Hoke St

Edmund R Walker M.D.
Medical Attendant

Address Coroners P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876 11½ P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard McKeown

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ ~~Female~~

Age, [illegible] *Years,* One 1 *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 38 N. Holliday St

Duration of Residence in the City of Baltimore, One (1) month

Place of Death, {Give street and number.} 38 N. Holliday St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three (3) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, July 18 1876

Undertaker, Jas P Byrne

Place of Business, 63 N Fremont St

N. G. Keirle M. D.

Medical Attendant.

Vis. Phys: Balto Spring =

Address = Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Cummings

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 85 *Years,* —— *Months,* —— 8 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or~~ *Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland, 75 years in U S A.

Duration of Residence in the City of Baltimore, 75 years

Place of Death, { Give street and number. } 150 Myrtle Av

Cause of Death, { First (Primary,) Old age

{ Second (Immediate,) " "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 18th 1876

Jas J Pennington M. D.
Medical Attendant.

{ *Undertaker,* Jacob Weaver

{ *Place of Business,* Address Nos 4 & 6 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Gustchella

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 22 Abbott St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, ~~Bonny Brae~~ St Alphonsus

Date of Burial, July 18th 1876

Undertaker, H. Hoerle

Place of Business, 309 N. Central Ave

James A Steuart M.D.
Medical Examiner

Address Comm'rs of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Josephine Conrad Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1871 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Walter P. Johnson July 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter P. Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M

Age, ____ *Years,* ____ *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 136.

Duration of Residence in the City of Baltimore, 10 da.

Place of Death, {Give street and number.} Cor. Fremont & King St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, July 19. 1876

Undertaker, S. D. Loane

Place of Business, Fremont & King

J Eulatin M. D.
Medical Attendant.

Address 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

Date of Death, July 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Phillips

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Colored 2 J 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Domestic~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 257 Chase St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 257 Chase St

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, July 19- 1876

Undertaker, John I Rodmyer

Place of Business, N E Cor Lexington & Monument Sts

Burdett Jones M. D.
Medical Attendant.

Address 164 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where no Physician acted, after his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 11563 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 14 *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 222 E Monument St

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 18th July

Saml S. Powell M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ~~Lee~~ 118 Druid Hill Ave Address No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Foll

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixteen *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Canton Ave

Cause of Death, {First (Primary,) Run over by Freight Car on

{Second (Immediate,) Rail Road

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, July 20 18

Undertaker, Hendlines Liffs

Place of Business, S Bond st 157

D. C Ireland M. D.
Medical Attendant.

Coroner E. Dick.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK of CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Boyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 19th 1876

Undertaker, H. E. Sheilhers

Place of Business,

Jno Brooke Boyle M. D.
Medical Attendant.

Address Elgin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Hy. Haynes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 9 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 367 S. Chas St.

Cause of Death, {First (Primary,) Heat

Second (Immediate,) Summer Complaint

Duration of Last Sickness, 1 Mo

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 20 1876

Undertaker, Chas F. Herold

Place of Business, 161 Hanover St

R. C. Lee M. D.
Medical Attendant.

n. w. cr

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11567

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

Date of Death, July 18.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington City

Duration of Residence in the City of Baltimore, 1 Week

Place of Death, {Give street and number.} 90 Fork St

Cause of Death, First (Primary.) Fall on the head

Second (Immediate.) Central Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 19 1875

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

J Rowland Bond M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm A. C Williams. Child

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* 7 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and number.} 43 S. Eden St

Cause of Death, {First (Primary,) Debility

{Second (Immediate,) Marasmus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19th 1876

Edward A. Morris M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph August Tiett

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 79 *Years,* 6 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, retired from business

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Nurnberg. Bavaria. 3 years

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 81 St. Paul Street

Cause of Death, {First (Primary,) Old age / Second (Immediate,) Diarrhoea

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 19th 1876

Undertaker, Jno H. Weaver

Place of Business, Fayette St

Dr F. Reinhardt M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18 - 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Susan Ware

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* — 6 *Months,* — *Days.*

Color, col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 48 Lorenz alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 - Lorenz alley

Cause of Death, First (Primary,) —

Second (Immediate,) Cholera - infantum

Duration of Last Sickness, 10 days. Moribund when first seen by me —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1876

Undertaker, John C Forde

Place of Business, 63 Park Ave

Alf A Powell M. D.
Medical Attendant.

Address 87 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Campen.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ~~2~~ *Years,* *Months,* ~~24~~ 19 *Days.*

Color, White. *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 228 N. Fayette St.

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 288 N. Fayette St.

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) Marasmus.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 19th 1876

H. C. Van Bibber M. D.
Medical Attendant.

{ *Undertaker,* Adam Weidemeyer

{ *Place of Business,* 518½ W. Baltimore St. *Address* 49 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* —— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Harris Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Summer Complaint

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, A. Sharp St

Date of Burial, July 19 1876

James A Steuart M.D.
Medical Attendant.

Undertaker, W. Jas Gray

Place of Business, Mulberry St

Address Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th of July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Katharina Rahn

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ky

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 450 Canton Ave

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Eclampsia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician

Place of Burial, St Paul's Cemetary

Date of Burial, July 19th 1876

Undertaker, Henry Sander

Place of Business, 162 Canton Av. *Address* 248 E. Fallon

Hubbard, M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y

Board of Health, City of Baltimore,

Permit No. 11574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Marie Elizabeth Kotsch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 York St.

Cause of Death, {First (Primary,) Meningitis tuber.
Second (Immediate,)

Duration of Last Sickness, about 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 19th 1876

B Albers M. D.
Medical Attendant.

{*Undertaker,* Charles F. Arnold
{*Place of Business,* 161 Hanover St — *Address* 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 11575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. Foss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Essex St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem'y

Date of Burial, July 20th 1876

Undertaker, Geo Frochlich

Place of Business, 293 Canton ave

Thos. H. Evans M.D. Medical Attendant.

Address 18 Jackson Sq

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Ball

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89 Pearl St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemt

Date of Burial, July 20th 1876

Undertaker, Jacob Weaver

Place of Business, No. 86 Druid Hill Avenue Address 148 Mulberry St.

Felix Lenker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Anna Colburn

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, About 75 *Years,* — *Months,* — *Days.*

Color, ~~White~~

Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Weston Massachusetts

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 298 Madison Avenue

Cause of Death, First (Primary,) Tumor Abdomen Fatty Canceroid

Second (Immediate,) Ex haustion

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 20th 1876

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave

A. McC. Colburn M. D.
Medical Attendant.

Address 166 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 197 1976 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rhoda Anna Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Seven *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 23 Rudd St

Cause of Death, {First (Primary,) / Second (Immediate,)} Hydrocephalus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 19th 1876

Undertaker, Jacob Weaver

Place of Business No 47 & Druid Hill Ave

Dr. Rhea M. D.
Medical Attendant.

Address 89 McHenry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 5 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eberhardt Wilhelm Gale

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 y. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or, Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Russia Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 316 Central Avenue

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, Complaining 2 weeks.

All the above information should be furnished by the Physician

Place of Burial, Swartz Grave yard

Date of Burial, July 20th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av.

James E. Deaville M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Kuster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 1 Minton St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, July 19th

O. A. Cooke M. D.
Medical Attendant.

Undertaker, Henry Poole

Place of Business, Henrietta St 81 *Address* Cor. Lee & Thames Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Burner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, First (Primary,) Burn from Coal oil

Second (Immediate.) asthenia

Duration of Last Sickness, 1 week,

All the above information should be furnished by the Physician.

Place of Burial, Perryman and Md

Date of Burial,

Undertaker,

Place of Business,

T. A. Ashby M. D.
Medical Attendant.

Address Bell Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 509)

[OVER

Board of Health, City of Baltimore,

Permit No. 11582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Armstrong

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 188 East Pratt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Warren St,

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation Bowels 48 hrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19th 1876

{*Undertaker,* John H. Locke / *Place of Business,* 57 & Wolf 31}

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 18th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Morrin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 4 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 40 Morrin St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 40 morrin St

Cause of Death, { First (Primary,) Catarrh (Suffocation)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral St Vincent's Cemetery

Date of Burial, July 19th 1876

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

W. H. Cann M. D.
Medical Attendant.

Address 83 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Donovan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* Fourteen *Months,* — — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Fourteen months

Place of Death, {Give street and number.} 23 Woodyear St

Cause of Death, First (Primary,) Teething & Summer Complaint

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, three weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 19th 1876

Undertaker, Robt. F. Scriven

Place of Business, 271 N. Eutaw St

E. L. Price & Son M. D.
Medical Attendant.

Address 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11585

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie (Infant) Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, one Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North west corner of Douglas & Forest

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Same as birth

Cause of Death, {First (Primary,) Interepatites} {Second (Immediate,) Convulsions}

Duration of Last Sickness, Five or Six days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, July 19th 1876 Scott Haynes M. D.

Undertaker, W A Dwyer Medical Attendant.

Place of Business, 74 S Broadway *Address* 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Freeburger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, W.F.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 11 Byrd St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 19th 1876

Undertaker, John Boecher

Place of Business, No 150 Lombard *Address* [illegible]

J. Hovey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Rezin Merryman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Ten *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Ten months.

Place of Death, { Give street and number. } 170. Carey St.

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,) Meningitis Cerebro Spinalis.

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Ch

Date of Burial, July 19th 1876

Undertaker, John S Machen

Place of Business, No 150 Camden

Elias C Price M. D.
Medical Attendant.

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11588 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 19 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 252 Hamburg st

Cause of Death, First (Primary,) Cranitus

Second (Immediate,) ____

Duration of Last Sickness, Sick since his birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 20 1876

Undertaker, Geb Bauer

Place of Business, 12 N. Schroeder Address 95 S Sharp st

H. Ellers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miami Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

Duration of Residence in the City of Baltimore, Twenty seven years

Place of Death, {Give street and number.} 15 S. Register St

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Exhaustion}

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, July 19th 1876

Undertaker, William A. Dorsey

Place of Business, No 104 East Street.

W. G. Rucks M. D.
Medical Attendant.

Address Balto March. 26

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11590

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if known, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not named W. L. Read Mo. L. Read

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, ~~~ *Years,* ~~~ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 8 Days

Place of Death, {Give street and number.} # 283 E. Biddle St.

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Inanition

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, July 20th/76

Undertaker, Geo. Schilling

Place of Business, cor Airy with & Monument

A. Hartman & Son M. D.S.
Medical Attendant

Address # 305 N. Carrollton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alice Webb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Seven *Months,* one *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, continued

Place of Death, {Give street and number.} No 261 Hughes St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Cerebral affection

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 19th 76

Undertaker, J W Chase

Place of Business, 96 S Howard

Dr. Sayes M. D.
Medical Attendant.

Address 146 Hill St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Filzhuman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* — *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. Nine years

Place of Death, {Give street and number.} 19 Philpot alley

Cause of Death, First (Primary,) Senility

Second (Immediate,)

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Loucal Cemetery.

Date of Burial, July 19 76

Undertaker, W. W. Elmore

Place of Business, 194 S. Howard st

D. Webster Cathell M. D.
Medical Attendant.

Address 12 S Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11593

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Biddle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, X *Years,* 11 *Months,* X *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 mos

Place of Death, {Give street and number.} 235 Dover St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) asthenia

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19 1876

Undertaker, [illegible]

Place of Business, 198 W Lombard St

B. F. Leonard M. D.
Medical Attendant.
Asst. Physician
Address Md. University Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 7. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11594

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hammond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 4 Plum alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19 76

Undertaker, Samuel W. Lemmon

Place of Business, 1118 Monument st

O. A. Cooke M. D.
Medical Attendant.

Address Cor. Lee & Chancery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11595 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Mc. Geier

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 324 S. Castle St

Cause of Death, {First (Primary.) Teething

{Second (Immediate.) Cbral Infantum

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 20th 1876

{*Undertaker,* Lewis Braun

{*Place of Business,* Wolf St

James A Steuart M. D.
Medical Attendant.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 61 S. Caroline

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)}

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, July 20th 1876

Undertaker, Joseph Byrne

Place of Business, Liberty

James A Steuart M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

Date of Death, July 12th /76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Reily

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 272 S. Dallas St.

Cause of Death, First (Primary,) Overcome by the heat.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Peters

Date of Burial, July 21 1876

Undertaker, W. C. Watchman

Place of Business, 158 S. Bond St.

C. Edward Miller *M. D.*
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11598 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Mack

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 513 Hoffman ave

Cause of Death, { First (Primary,) Eclam-Colitis
Second (Immediate.) of konstion
convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cº Baltimore

Date of Burial, July 20 1876.

M. D.
Medical Attendant.

{ *Undertaker,* Henry Heck
{ *Place of Business,* 304 Eutaw Pl *Address* 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Aul

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 360 N Gay St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. O. Johnson Co J. A. Bamer *M. D.*

Date of Burial, July 21st 1876 Medical Attendant.

Undertaker, Henry Heed

Place of Business, 319 Central Ave *Address* 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Trashae

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Abbott St

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 20 1876

Undertaker, H. Bloom & S

Place of Business, Central ave

James A Steuart M. D.
Medical Attendant

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis. H. Ebert

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, One *Years,* *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 106 Hanover St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 20th 1876

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross St

I. C. Burch M. D.

Medical Attendant.

Address 111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

Permit No. 11602

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Babnick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1/2 *Years,* 1 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 4 Webber St

Cause of Death, First (Primary.) Excessive Heat

Second (Immediate.) Congestion of the Brain

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 20 1876

Undertaker, C. F. Krause

Place of Business, 209 Hanover St

Theodore Dietz M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Jessen Jessen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 131 n. Bond St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 20 July 1876

Undertaker, Henry Schultheis

Place of Business, 261 E Monument

H Knop M. D.
Medical Attendant.

Address 137 Albemarle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia A. Bowers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 10. *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 Gordmans alley

Cause of Death, {First (Primary,) Intermittent Fever. Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 20th 1876

Undertaker, Arnold & Denny

Place of Business, 263 Lee St

G Gordon Cook M. D.
Medical Attendant.

Address 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

Permit No. 11605 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Skinner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 111 Sharp st

Cause of Death, First (Primary,) —

Second (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount — *of* Howard Corbin M. D.

Date of Burial, July 20 1876 — Medical Attendant.

Undertaker, Armstrong & Degny — *Address* 146 Hanover

Place of Business, No 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Donohue

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Mott St

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) Inanition —

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemet

Date of Burial, July 20th 1876

James Steen M. D.

Undertaker, I. I. Brodermagel

Place of Business, Monument St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Bernard Donohue Father [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Jno. Kraus

Sex, Male or Female, { ~~Cross out the word not~~ required in this line. } Male

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Home Hospital. Front St

Cause of Death, { First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 20 1876

Undertaker, Chas. Roscoe

Place of Business, 136 E. Fayette St

C. C. Lewis, *M. D.*

Medical Attendant.

Address Home Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUL
20
1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Purviance

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Nine Months, Days.

Color, Black *Sex,* Mal

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ann Arundel Co Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 190 Raborg St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20th 1876

Undertaker, Wm H Bishop Jr

Place of Business, 180 Druid Lane

Thos Ohio M. D.
Medical Attendant.

Address 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I L

Board of Health, City of Baltimore,

Permit No. 11609 | OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1875 REGISTRAR'S OFFICE

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thurston A. Tracey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 S. Strieker St,

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 30th

John Neff M. D.
Medical Attendant.

Undertaker, Jno. A. Leonard & son

Place of Business, 782 W. Baltimore St *Address* 538 W. Fayette St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 11610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Davis

Sex, ~~Male~~ Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* ~ *Months,* 14 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balte city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Bolton St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chol Infantum

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, H. Potters Field

Date of Burial, July 20 1876

James A Steuart M. D.
~~Medical Assistant.~~

Undertaker, M. H. C Perry

Place of Business, Pratt St

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informaleon by anna Brown Midwife.]

Board of Health, City of Baltimore,

Permit No. 11611

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George J Dunbar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 year *Years,* 6 mos *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 40 Pearl St

Cause of Death, First (Primary,) Irritations of the bowels

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft Olivers Cemetery

Date of Burial, July 21 1876

Charles A Geiger M. D.
Medical Attendant.

Undertaker, P Kinnard

Place of Business, 377 W Lexington St Address No 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11612

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gabler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 202 Burgundy alley

Cause of Death, First (Primary,) Acute Cystitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 20th 1876

J. C. Buck M. D.

Medical Attendant.

Undertaker, P. Kümmert

Place of Business, 311 Mulberry St *Address* 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Schubert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 150 Ramsay

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Finely Cemetery

Date of Burial, July 20th 1876

Undertaker, P. Hommert

Place of Business, 317 Mulberry

H. A. Curry M. D.,
Medical Attendant.

Address 16 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11614 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunde Hamburger

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 22 yrs 2 mo 3 days

Place of Death, {Give street and number.} Durham st No 255

Cause of Death, First (Primary,) Puerperal Convulsions.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, July 20th 1876

Undertaker, Henry Frochlich

Place of Business, 246 Eastern Ave

C. M. Schutte. Jr — M. D.
Medical Attendant.

Address S.W. cor. Wolfe & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mueller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 3 *Months,* 19 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 23 yrs. 3 mos. 19 days

Place of Death, {Give street and number.} Wolf st. No. 122

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Prostration.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, July 21st 1876

Undertaker, Henry Frochlich

Place of Business, 246 Eastern Av

C. M. Schutte Jr. M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Caton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Geo Co Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 109 Harmony st

Cause of Death, {First (Primary,) Calculus disease of Heart, Second (Immediate,) General Dropsy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Md

Date of Burial, July 20th 76

Undertaker, F. Hammerle

Place of Business, 654 Saratoga st.

Chas Ayer M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stefan Aeszka

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* seven *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} S. Caroline St.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Maiden Cemetery

Date of Burial, 20th of July 1876

Undertaker, Francis Cramer

Place of Business, 119 Canton Ave

L C Mudd M. D.
Medical Attendant.

Address 12 S Edey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Found Drowned July 19th 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Worthington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 26 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenters Mate U S N

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Found Drowned Foot of St Dock

Cause of Death, First (Primary,) Accidental } Jury.
Second (Immediate,) Drowning } Verdict

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, W P Hill

Date of Burial, July 19 16

Undertaker, Charles Strayer

Place of Business, Pratt & Howard

Edmund D Kroalka M. D.
~~Medical Attendant.~~

Address Govan n. P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Osborn

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, Twenty five *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Male

~~*Married,* Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Back City.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 55 North Dallas St.

Cause of Death, First (Primary,) Injuries from intoxicant

Second (Immediate,) Fracth Falling upon head.

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, W P Field

Date of Burial, July 18 -

Undertaker, Charles Stenger

Place of Business, Pratt & Eutaw

Jno L. Gross M. D.
Medical Attendant.

H. C. Ireland Coroner

Address E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 20 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 July 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Marid

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} N W Cor Sysm & Cathed Balto

Cause of Death, First (Primary,) ——— Second (Immediate,) Typhoid fever

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Cemetery

Date of Burial, July 21st 1876

Undertaker, Wm F Gray

Place of Business, 63 Mulberry St

J H Patton M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19. 76. 5 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* 11 *Days.*

Color, Blk *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 5 11/30 Ins.

Place of Death, {Give street and number.} 76 Cider al.

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 20th 1876

Undertaker, Wm P Gray

Place of Business, 65 Mosley St

Louis M. Coulson M. D.
Medical Attendant.

Address 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11622 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Griffin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Finisher. (for 5 yrs. member of Fire department, Balto. City.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 William St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis,

{Second (Immediate,) 12 & 15 months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st 1876

{*Undertaker,* Charles F. Hood

{*Place of Business,* 161 Hanover St

R. J. N. Tall, M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11623 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Roeder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 141 W. Lombard St.

Duration of Residence in the City of Baltimore, 4 months 3 days

Place of Death, {Give street and number.} ~~141 W. Lombard St.~~ Caroline St 96

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Cerebral anaemia

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, July 20 1876

Henry Salzer M. D.
Medical Attendant.

Undertaker, Charles R. Herold *Address* 165 W. Lombard St.

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Collins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 7 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } 533 No Howard St

Cause of Death, { First (Primary,) Hooping Cough Convulsions

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 20th

Undertaker, Wm Schilling

Place of Business, No 72 Penn ave

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11625 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary.) Marasmus; Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, July 21. 1876

Undertaker, Saml Bowers

Place of Business, 156 Division St

Marbury Brown M. D.
Medical Attendant.

Address 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Lee Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* Two *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 728 Lexington St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, About One Week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 20th 1876

Jas. G. Smithson M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* " 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11627

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 217 S. Ann Street

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 21 1876

Undertaker, M K Funke

Place of Business, 35 Bank St

James A Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11628 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Weglein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 176 S. Central Ave

Cause of Death, First (Primary,) Dentition.

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Thos. Kelly M. D.

Date of Burial, July 20 76 ~~Medical Attendant.~~ Seen patient but once

Undertaker, [illegible]

Place of Business, [illegible] Address 76 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo & Adella C. Ringard Twins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 15 minutes *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 423 N. Gay St

Cause of Death, {First (Primary,) Premature Birth (8 mos)
Second (Immediate,) asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 21st 1876

Geo. F. Stevens M.D.
~~Medical Attendant~~

{*Undertaker,* Parents
Place of Business, ———

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Geo Ringard Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th & Jan, 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Jas Bailey

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One *Years,* one *Months,* *Days.*

Color, Black *Sex,* male

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 31 Walnut Alley

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } No 31 Walnut Alley

Cause of Death, { First (Primary,) Entero-Colitis (Teething)
Second (Immediate,) Convulsions.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1876

Undertaker, Jos C Golder

Place of Business, 63 Park Ave

P. Chapman Jr M. D.
Medical Attendant.

Address 731 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ard of Health, City of Baltimore,

Permit No. 11631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} not Named Boy Son of {Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 1 Days.

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 110 Druid Hill Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Druid Hill Ave

Cause of Death, {First (Primary,) Miscarriage at 6 months Immaturely

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, July 21st 1876

{*Undertaker,* Andrew Jeffs

{*Place of Business,* 118 Druid Hill Ave

C Winslow M. D.
Medical Attendant.

Address 23 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Spellman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} Mc Kim & Eager Streets

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption.

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 21 1876

Undertaker, Jas. A. Rodenmayer M.D.

Place of Business, 38 Exeter St. *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11633.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Kinnan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 126 Billon st. Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 104 Harford Ave.

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 21st 1876

Undertaker, James P Byrne

Place of Business, No 63 Fn Front St

Jno Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

Date of Death, 20th July, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelson Reed

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, " *Years,* " *Months,* 10 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 329 Franklin St.

Duration of Residence in the City of Baltimore, 10 Days

Place of Death, {Give street and number.} 329 Franklin St.

Cause of Death, {First (Primary,) Second (Immediate,)} Abscess - Brain involved.

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy *A. W. Littell,* M. D.

Date of Burial, Sept 2 / 1876 Medical Attendant.

Undertaker, Parents *Address* 231 Franklin St.

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Neils Nelson

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore. 2 two weeks

Place of Death, {Give street and number.} Washington University

Cause of Death, First (Primary,) Weak Constitution &

Second (Immediate,) Typhoid Fever.

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, July 21st 1876

A. L. Walpe *M. D.*
Medical Attendant.

Undertaker, Jos. A. Byrne

Place of Business, Liberty St *Address* Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

Date of Death, July 20. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh. Smith

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White,

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Shoe-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 20 yrs

Place of Death, {Give street and number.} Washington University

Cause of Death, {First (Primary,) Intemperance

{Second (Immediate,) Effects of heat

Duration of Last Sickness, Until time of stroke.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st 1876.

A. D. Wolfe M. D.
Medical Attendant.

{*Undertaker,* Oliver D. Scriven

{*Place of Business,* No. 271 N. Eutaw

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James O Mann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 S Paca St

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)}

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 22 1876

{Undertaker, John S Mackey
{Place of Business, Paca St

N. H. Carey M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

Date of Death, July 20th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, died shortly *Years,* after birth *Months,* Say 2 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words is not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, — a

Place of Death, {Give street and number.} Found in Belair market

Cause of Death, First (Primary,) Cause } Verdict of
Second (Immediate,) unknown } Coroners Jury

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, July 21 "1876

Undertaker, C. Strieper

Place of Business, Pratt St

Edmund Prralka M. D.
Medical Attendant.

Address Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 11639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

Date of Death, July 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude E. Lowe

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 61. *Years,* 2. *Months,* 19 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} G. Conway

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 27 Conway St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Date of Burial,* July 21st 1876

Gerdord Cole M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mintt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 Dyson

Cause of Death, First (Primary,) Phthisis -

Second (Immediate,) Apnoea

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Greg. Cathedral Cemetery

Date of Burial, July. 21st 1876

Undertaker, Wilson & Gray.

Place of Business, 1 Hollowoy St

J. R Page M. D.
Medical Attendant.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willis Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, Black *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 10 Minutes

Place of Death, { Give street and number. } 10 Garden St

Cause of Death, { First (Primary,) Tuberculas Meningitis / Second (Immediate,) ____

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1876

Undertaker, Wilson & Gray

Place of Business, 66 Hanover St

R. Winslow M. D.
Medical Attendant.

Address 234 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Denny

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} No 6 Cuba St. L. Point

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)}

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg P.a

Date of Burial, 21 July

{*Undertaker,* H Clarke & Sons
Place of Business, 64 E. Balto St

R W Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 871)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11643 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Sherlock,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Engineer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liverpool, England,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} On board S/S. Guillermo, at Locust Point.

Cause of Death, {First (Primary,) / Second (Immediate,)} Sunstroke.

Duration of Last Sickness, half hour.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, July 21st 18

{*Undertaker,* / *Place of Business,*} W. A. Haigis, 74 S. Broadway *Address* 237 Gough-st

A. F. Clarke. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11444 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank & Elizabeth Forman Twins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 hours ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Holliday St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1876

{*Undertaker,* H. H. Dunger / *Place of Business,* East St.}

James H. Hunt M. D.
~~Medical Attendant~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Amelia Johnson Midwife

Board of Health, City of Baltimore,

Permit No. 11645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank & Elizabeth Forman Twins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 10 hours ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Holliday St

Cause of Death, {First (Primary,) Asthenia

{Second (Immediate,) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1876

{*Undertaker,* W. W. Dungee

{*Place of Business,* East St

James H Heuisler M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Amelia Johnson Midwife [Col.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Fane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 3 Bruce St

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)}

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 21 1876

Undertaker, S Timmert

Place of Business, 317 Aisberg

H. L. Stein *M. D.*
Medical Attendant.

Address 379 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hartman

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, German

~~*Married, Single, Widow or*~~ *Widow,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alsace France

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 135 Hanover St

Cause of Death, {First (Primary,) old age / Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Stephanius Cem

Date of Burial, July 21th 1876

Geo. W. Benson M. D.
Medical Attendant.

{*Undertaker,* Odbin Koehler
{*Place of Business,* cor Sharp & Cross st Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1976 BALTIMORE

Date of Death, July 20th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Kinney

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 704 N Paca St

Cause of Death, { First (Primary,) Tuberculosis

Second (Immediate,) Phthisis pulmonalis.

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 22

Undertaker, J B Cook

Place of Business, 707 West St Baltimore *Address*

W H Register M. D.
Medical Attendant.

J A Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — — Elizabeth Leitz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} not known

Occupation, not known

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt Infirmary

Cause of Death, {First (Primary,) Fatty degeneration of liver

Second (Immediate,) asthenia

Duration of Last Sickness, — In Hospital 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. D. Field

Date of Burial, July 20 to

T. A Ashby M. D.

Medical Attendant.

Undertaker, M. H. C. Serr

Place of Business, 148 W Baltimore Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Minetta B. Reynolds

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 29 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No. 134 Jefferson St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 22nd

Francis A. Sumner M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Cor Aisquith & Monument sts *Address* 133 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Ross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Booth St

Cause of Death, {First (Primary,) / Second (Immediate,)} Shot Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, July 21 1876

James A Steuart M. D.

Undertaker, John H Lucas

Place of Business, Wolf St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob S. Uhlfelder

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ { Cross out words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 57 E Lombard St

Cause of Death, { First (Primary,) ____ / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Lloyd St Cemy

Date of Burial, July 21 1876

Undertaker, W. Eldner

Place of Business, ____

A Lregershertzer M. D.
Medical Attendant.

Address 11 S High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11653 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edw Kerry

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 7 *Months,* 15 *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 100 Raborn St

Duration of Residence in the City of Baltimore, 7 mo. 15 days

Place of Death, {Give street and number.} 86 Raborn St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Exanguation

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21 76

Undertaker, [illegible]

Place of Business, 1918 Aisquith st

S. A. Gillis M. D.
Medical Attendant.

Address 23 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11654

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Poole

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Buford Alley

Cause of Death, {First (Primary,) Inf Diarrhea

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery — Geo. W. Reynolds M. D.

Date of Burial, July 22 76 — Medical Attendant.

Undertaker, W. W. Chase — Address 34 N. Calvert.

Place of Business G. W. Simmons

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 12 Conway St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 Conway

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions
2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wm Arpst Cemetery

Date of Burial, July 20 76

Undertaker, Samuel Fleteman

Place of Business, 192 Lombard st

J. Wm Wells M. D.
Medical Attendant.

Address 18 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Schaare.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, Col.d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5-7 Plum St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions.

Duration of Last Sickness, 4 or 5 hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Co.

Date of Burial, July 22 76

Undertaker, Samuel H Shaare

Place of Business, 198 Howard st

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 512)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Ann Watson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 5 1/2 years

Place of Death, {Give street and number.} 218 Chapel st

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 21st 1876

Undertaker, James O Byrne

Place of Business, No 63 n Front St

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Ludwig Kuelcine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 38 Hampstead st. or Jackson Lyr bc.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alyh Cem

Date of Burial, July 21st 1876

Undertaker, John Braun

Place of Business, 97 S. Wagner

P. E. Dausch, M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Emma Sullis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 916 & 163 E. Fayette St.

Cause of Death, {First (Primary,) Second (Immediate,) } Scrofula, 5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 21st 1876

Undertaker, John Zeller

Place of Business, 81 & 83 Wolf St

John M. Stevenson M. D.
Medical Attendant.

Address 134 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Donahoe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. Nine months

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give street and number.} McHenry St. No 130

Cause of Death, First (Primary,) Gastritis.

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Hickory Street 130~~ St. Peters Cemetery

Date of Burial, July 20.

Undertaker, T. Bohe.

Place of Business, 425. Cross street *Address*

D. H. Hopkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Cromwell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 30 Jackson Square Av.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Debility

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetry

Date of Burial, July 22nd 1876

W K Way M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

Date of Death, ~~478~~ ~~Mc Henry~~ July 20. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenard B Malcomb

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} male

Age, *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow~~er~~, ~~Widow~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} ~~478~~ McHenry No 372

Cause of Death, {First (Primary.) Marasmus

Second (Immediate.) exhaustion

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 21 76

Undertaker, J B Blackiston & Son

Place of Business, 604 W. Balto St *Address*

W. H. Kemp M. D.
Medical Attendant.

55 N Spring St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Fitzpatrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 King St

Cause of Death, {First (Primary.) Teething, / Second (Immediate.) convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery James F. Kenealy M.D.

Date of Burial, July 22 1876

Undertaker, Jos. F. Byrne *Address* Commis of Health & Registrar

Place of Business, Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Chas. Byrne - uncle [OVER.]

Board of Health, City of Baltimore,

Permit No. 11665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Thaecker

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} W Baltimore Street 664

Cause of Death, {First (Primary,) Meningitis cerebralis / Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wesern Cemetery

Date of Burial, 21 July

Undertaker, Chenoweth & Gude

Place of Business, 725 W Baltimore Street

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Clinton Cornish

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 21 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 3 Stockton's Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 18 Stockton's Alley

Cause of Death, First (Primary,) Probably Tuberculosis

Second (Immediate,) Mal-nutrition

Duration of Last Sickness, Three weeks (The friends say)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1876

John Hood M. D.
Medical Attendant.

Undertaker, W. A. Dunne

Place of Business, No 164 East St. *Address* 274 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Dukum

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} N. 32 Courtland St

Cause of Death, {First (Primary,) Pneumonia Fever

Second (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1876

Undertaker, William A. Runge

Place of Business, No 104 East St.

J H Pattison M. D.
Medical Attendant.

Address 23 Franklin Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Wales

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number.} No 6 Temple st -

Cause of Death, {First (Primary,) Heart - Disease; Second (Immediate,) Dropsy}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1876

Undertaker, [illegible]

Place of Business, [illegible] East St

Wm. L. Purnell M. D.
Medical Attendant.

Address 1 Broadway
Madison St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIAN IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OF DAT

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Caroline Messner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line,}

Age, 1. *Years,* *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} On Canal and McElday St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 23d 76

Undertaker, Geo. Schilling

Place of Business, Kirkwood & Monument

M. L. Taylor — M. D.
Medical Attendant.

Address 100 Broadway — Fells Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July, 19th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} (Infant not named) (name of parents) W. L. Wantham L. Wantham

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2. Hall st.

Cause of Death, {First (Primary,) [redacted] Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, July 23rd 1876

{*Undertaker,* Smith & Penn

{*Place of Business,* 263 Light st.

C. E. Harrington M. D.
Medical Attendant.

Address 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 573)

[OVER.

No. 11670

...ation of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kelly,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 435 Cross

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 22nd 1876

{*Undertaker,* Charles F. Herold

{*Place of Business,* 161 Hanover St

R. J. N. Tall M. D.
Medical Attendant.

Address 157 Shaw St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 11671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lennie Beale Vangand

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* . *Days.*

Color, white *Sex,* female

~~Married, Single,~~ Widow ~~or Widower~~? {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, about 5 weeks

Place of Death, {Give street and number.} no 353 N. Durham st

Cause of Death, First (Primary,) Phthisis pulmonalis,

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery Chas J Kreeber M. D.

Medical Attendant.

Date of Burial, July 22

Undertaker, J B Cook

Place of Business, 707 west Baltimore *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended dufing his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 11674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Ramie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Elliott, No 175

Cause of Death, First (Primary,) Teething

Second (Immediate,) Inflamation Brain

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 22 July 1876

J. H. Martin M. D.
Medical Attendant.

Undertaker, John C. Schuck

Place of Business, 165 Aliceanna St *Address* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Approved by the Legislature and ordained, That whenever any person shall die in the said city, it shall be the duty of the Proprietor, Proprietors, Keeper or Keepers of Hospitals, or Public Charities, where the said deaths occur under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Cert No. 11673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21. July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Egan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Arnistead Lane

Cause of Death, First (Primary,) Catarrh.

Second (Immediate,) congestion of brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 23rd 1876

Undertaker, Armstrong & Denny

Place of Business, 963 Light St

H W Nesbitt M. D.
Medical Attendant.

Address 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...physicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert E. Sage

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 144 Columbia Ave.

Cause of Death, { First (Primary.) Ulceration Lungs / Second (Immediate.) } 3 Weeks

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Western Cemetery

Date of Burial, July 13

Undertaker, J. S. Thacker

Place of Business, 71 Exchange Place

C. H. Carey M. D.
Medical Attendant.

Address 26 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11675

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or , if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} U-S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Norwoods Court

Cause of Death, {First (Primary.) Teething

{Second (Immediate.) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July 22 1876

{*Undertaker,* John L Jordon

{*Place of Business,* 63 Park Ave

W W Anthim M.D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11676

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Cordelia

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* about 8 *Months,* *Days.*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 15 Jenkins alley

Cause of Death, {First (Primary.) Cholera Infantum / Second (Immediate,) Diarrhea

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 22 1876

Undertaker, J. L. & J. Ado

Place of Business, No 63 Park Ave

W. Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 11677

...e Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Keim

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 56 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} St Josephs Hospl

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Coma

Duration of Last Sickness, About 3 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 22nd 1876

Undertaker, Sisters of Instruc

Place of Business, St Josephs Hosp *Address* St Joseph's Hospl Balto.

Oscar A Carter M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11678, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 12 P m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina B. Schmau

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 14. *Months,* 8 *Days.*

Color, white *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 74 Park Str

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, {Give street and number.} 74. Park. Str

Cause of Death, First (Primary,) Convulsion

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Burying Ground James A Stewart M. D.

Date of Burial, July 22nd 1876 Afternoon

Undertaker, Henry Meyer

Place of Business, 106 N. Howard St *Address* Commissioners of Health Baltimore

10 Attest Henry Meyer Undertaker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and ~~condition~~ (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Information by Undertaker

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 11679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 ft

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Hinkell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Franklin Co, Pennsylvania

Duration of Residence in the City of Baltimore, for three years

Place of Death, {Give street and number.} 302 South Sharp St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) Several Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23rd 1876

Undertaker, Charles F. Herold *Address* 11 S. High St

Place of Business, 161 Hanover St

A Leprohon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

Date of Death, July 21 St 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Durak

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Eleven *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 146 South Green Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23d 1876.

S. W. Slower M. D.
Medical Attendant.

Undertaker, John H. Wacker *Address* 29 South Sharp St

Place of Business, Cor Baker & Camden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Cert. No. 11681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

Date of Death, July 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Mackall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Peach alley

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)}

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lorcema City

Date of Burial, July 22

Undertaker, Hercules Ross

Place of Business, 136 west street

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

...it No. 11682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav. F. Sigmund

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 19 Wilkens Avenue

Cause of Death, First (Primary,) Imitation of Bowell

Second (Immediate,) Inflammation of Brain Convulsions

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 22 1876

J. Smithcum M. D.
Medical Attendant.

Undertaker, John P Paulus

Place of Business, 66 Pred Ave *Address* # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} now Unknown Infant.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Premature Years, Premature Months, Premature Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Found in Falls opposite No 5 W Falls Ave

Cause of Death, {First (Primary,) Premature birth / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P Field

Date of Burial, July 22 "

{*Undertaker,* Charles Sturgeon / *Place of Business,* Pratt & Eastern Sts}

Edmund D Walker M.D.
Medical Attendant.

Address Coroner Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11684

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — Edward Lynch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 (about) *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* — —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Bull. Infirmary

Cause of Death, First (Primary,) Supposed Opium poisoning

Second (Immediate,) Effects of Heat

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fuld

Date of Burial, July 21st T. A Ashby M. D.

Medical Attendant.

Undertaker, M. C. Dey

Place of Business, 448 W Baltimore *Address* Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Certificate No. 11685.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carie Black

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Peach alley 36

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, Loud Cemetery

Date of Burial, July 22

{*Undertaker,* ~~Peter~~ Herbert

{*Place of Business,* 180 West St

R. M. Hall *M. D.*

Medical Attendant.

Address 266 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Debilus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 11 *Months,* ~~Days~~.

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rear 13 Harris Alley. Canton

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore

Date of Burial, July 23d

Undertaker, Hendlin Dippel

Place of Business, S Bond St 151

Jno. L. Patrick M. D.
Medical Attendant.

Address 26. Bollenglon Avenue
formerly 6 Chapman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* two *Months,* — *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Vincent Ally No 5 Balto

Duration of Residence in the City of Baltimore, Fourteen months

Place of Death, {Give street and number.} Vincent Aly No 5

Cause of Death, First (Primary,) Menuptis

Second (Immediate,) Convulsion

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Burial lot

Date of Burial, July 22 nd 1876

J. G. Linthicum M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 704 W Baltimore Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 11688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* —— *Months,* —— *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and number.} 617 Light St Extended

Cause of Death, {First (Primary,) / Second (Immediate,)} Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd 1876

Undertaker, Hercules Ross

Place of Business, 180 West St

M. D.

~~Medical Attendant.~~

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Green Husband [OWNER.]

...of Physicians is respectfully invited to the remarks below, and to use of Diseases on back ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Long

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 99 Battery avenue

Cause of Death, First (Primary,) ____

Second (Immediate,) Congestion Brain

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23 1876

Undertaker, Charles F. Kenod

Place of Business, 161 Hanover St

O. A. Cooke M. D.

Medical Attendant.

Address Cor Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21-76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} 246 N. Caroline St-

Cause of Death, First (Primary,) 'Consumption'

Second (Immediate,)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews. Cemetery

Date of Burial, July 22. 1876

Undertaker, Chas Rossing

Place of Business, 136 E Fayette

S. T. Knight M. D.

Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th mo 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roberta Giffin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, 20 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 mo 20 days

Place of Death, {Give street and number.} 213 Barre St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, about Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, July 28 — 1876

Wm Riley M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son *Address*

Place of Business, 606 Balt St 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

...mit No. 11492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

Date of Death, 21st of July 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alwine Wilhelmine Kaiser

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 Yo *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~J. A. Gilman~~ Friedrichsdorf (Germany)

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} J. N. Gilman Pl

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis pulmonum

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, July 23rd 1876

Undertaker, John A. Weaver

Place of Business, # 22 W. Fayette St

A. A. Gladman M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE

Date of Death, July 22nd '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 18 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 330 Bank St

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 23/76

Undertaker, Hughes & Co

Place of Business, 65 S Broadway Address 257 Eastern Ave.

James F. H. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Bartholomew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U.S.A.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 24 Cove Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, About 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, July 24th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St *Address* 552 W Lombard

S Eberlein M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

...it No. 11695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE

Date of Death, July 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elvinna Jackson

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 Josephine St bet

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24th 1876.

Frank Gessner M. D.
Medical Attendant.

{*Undertaker,* Adam Weidemeyer
Place of Business, 518½ W. Baltimore St. *Address* 57 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 11696 OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1976 BALTIMORE

Date of Death, July 22.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kirsten A. Lee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1. *Years,* — *Months,* 6. *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 141. Hill St

Cause of Death, {First (Primary.) Tuberculus Meningitis / Second (Immediate.)}

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

...ce of Burial, Laurel Cemetery

...e of Burial, July 23

Undertaker, Hercules Ross

Place of Business, 18 Wells St

Rhodora Burke M. D.
Medical Attendant.

Address 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...hin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, Light *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Seafaring Man

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not Known, Supposed N. Jersey

Duration of Residence in the City of Baltimore, 3 or 4 Weeks

Place of Death, {Give street and number.} Balto City, On board Sch. Raucous

Cause of Death, First (Primary,) Bilious Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Port Republic N. J.

Date of Burial, July 24/76

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Wm. H. Thompson M. D.
Medical Attendant.

Address No 132 E. Pratt St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 515.

[OVER.

ATION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE.

Date of Death, 22 July, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angela Chalinbeauy

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, *Years,* 13 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the ~~City of Baltimore~~. Institution 9 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Chronic Hydrocephalus

{Second (Immediate,) Coma

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, July 23. 1876.

Undertaker, George Saffron.

Place of Business, 17 Fenwick Avenue

Martin Brewer *M. D.*

Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11699 . OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Viola~~ Willis R. Ralf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 152 S Dallas St Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 152 South Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of Bowels

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loonel Cemetery

Date of Burial, 23

{Undertaker, ~~J. Weatherbee~~ J. Locke

{Place of Business, No 59 South St

F. E. Brooks M. D.
Medical Attendant.

Address 179 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 117011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE

Date of Death, July 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorcas A Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and number.} 2[illegible] Not known

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd 1876

Undertaker, Wilson & Gray

Place of Business, 61 Mulberry St *Address*

Saml. A. Anderson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Crocker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 0 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 24½ Columbia Ave.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Apnoea

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery C. W. Cothran M. D.

Date of Burial, July 23 Medical Attendant.

Undertaker, F. B. Cook *Address* 166 S. Paca St

Place of Business, 707 West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen E. Gessner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 16 S. Chapel st Alley

Cause of Death, {First (Primary.) Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, North Balto Methodist Cemetery

Date of Burial, July 23d 1876

Undertaker, H Foehlich

Place of Business, 246 Eastern Ave

Wm. E. Daly M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11703,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracie E. Fountain

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 247 E. Balto St

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 24th 1876

Undertaker, Wm A Saiger

Place of Business, 745 B'way

A. F. Ensch M. D.
Medical Attendant.

Address 94 S. Broadway

JUL 23 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus Dawson Gill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 5 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 69 Aisquith Balto city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 69 Aisquith Balto No.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, About 16 Days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, July 23rd

J. Ridgway Andre M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Aisquith & Greenmount

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fryer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 39 years in U S

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 147 E Lombard

Cause of Death, {First (Primary.) Cancer of face Epithelioma / Second (Immediate.)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, July 24 1876

{*Undertaker,* James D Byrne / *Place of Business,* No 63 N Front St

Edmund R Walker M. D.
Medical Attendant

Address Coroner M. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

AL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Nellie Sohl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 132 Myrtle av Balt

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus.

Duration of Last Sickness, Her whole life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 24 July

Undertaker, Henry Briele

Place of Business, Hanover 81

W. H. Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes A. Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 7 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} No 26 China St.

Cause of Death, {First (Primary.) Cirrhosis of the Liver

Second (Immediate.) Dropsy (Senile)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st cemetery

Date of Burial, July 24 1876

{*Undertaker,* Wm S Dungee

Place of Business, 104 East st

R. C. Lee M.D.
Medical Attendant.

U. U. Co.

Address Hanover Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 16 N Bond

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum 2 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Fleet St Grace Yard

Date of Burial, 24th at 5 O'Clock

Undertaker, John Bauer

Place of Business, 17 Wolf St

M. Gatch M. D.
Medical Attendant.

Address 9 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11709

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Shaw,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 191 Scott av

Cause of Death, First (Primary,)

Second (Immediate,) Chronic Infantile Diarrhea

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 25th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st *Address*

Dr. P. Hoffman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

Date of Death, July 23rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Domida Coffeen

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House-Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co. Va

Duration of Residence in the City of Baltimore, Four Months.

Place of Death, {Give street and number.} Washington University

Cause of Death, {First (Primary.) Chronic dysentery
Second (Immediate.) Exhaustion

Duration of Last Sickness, 2 Years —

All the above information should be furnished by the Physician

Place of Burial, Essex Co Va

Date of Burial, July 25th 1876

Undertaker, Wm. H. Hickmott

Place of Business, 234 N. Gay St.

A. C. Wolfe M. D.
Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 376)

T Y ▲ F I L M

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Riches

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 6 *Days.*

Color, ____ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Washington & Gay Sts

Cause of Death, First (Primary,) Bottle fed.

Second (Immediate,) Diarhoea Exanition

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 25th

Undertaker, Michael Frantz

Place of Business, No 35 Bantz

W. H. White, **M. D.**
Medical Attendant.

Address 341 N. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over

D A K S A F E

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Williams Arens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eight D *Years,* mm *Months,* mm *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} mm

Occupation, mm

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} Commercial Wharf.

Cause of Death, First (Primary,) Drowning.

Second (Immediate,)

Duration of Last Sickness, mm

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 22 July 1876

Undertaker, John Leech

Place of Business, 265 Thames

W. E. Ireland M. D.
Medical Attendant.

Coroner's Office.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

Permit No. 11713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Thomas Duncan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 *Days.*

Color, *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} Cor. Eager & Forest St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 24th 1876

Undertaker, Daniel Lunard

Place of Business, 782 N. Balto St

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno M Johnston (Johnston)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5-9 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Londn England ~~XXXXXX~~

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No 75 Frederick St

Cause of Death, {First (Primary.) / Second (Immediate.)} Apoplexy probably

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 24th 1876.

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St

Edmund R Walker M. D.
Medical Attendant.

Address Coroner in B. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

Date of Death, July 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jennie Wild

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 3 Weeks *Days.*

Color, *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, { Give street and number. } Saint Luke's Asylum Sts

Cause of Death, { First (Primary,) / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, July 24 / 87

Undertaker, Dibb & Lancaster

Place of Business, 332 Harford ave & cor of Pratt Street

E. H. Cormick M. D.
Medical Attendant.

Address 330 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Henry Benner

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 517 W. Fayette St

Cause of Death, { First (Primary,) Cerebro-Colitis

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 24th 1876

Undertaker, Stringfellow

Place of Business, 550 W. Fayette St *Address* 121 W. Monument St

G. W. Whitehead M.D.
Medical Attendant.

HEALTH DEPARTMENT JUL 24 1876

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11717

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Bankard,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 6 *Months,* *Days.*

Color, white,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} N. W. cor. Balt. & Chester sts.

Cause of Death, First (Primary.) Congestive Apoplexy.
Second (Immediate.) Cerebral hemorrhage.

Duration of Last Sickness, Twenty-four hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, July 25th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

G. Glanville Busk, M. D.
Medical Attendant.

Address Balt. & Wash sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Dutton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D. C.

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give street and number.} 325 E. Pratt St

Cause of Death, {First (Primary.) / Second (Immediate.)} Marasmus

Duration of Last Sickness, all it life

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 24th 1876

Undertaker, Hughes & Co

Place of Business, Broadway

James A. Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Koenscheld

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 17 L. alle Eldy st

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Sig day

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 25th

Undertaker, Geo. Schilling

Place of Business, Liberty & Monument sts

[illegible] M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out,* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William F Weaver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 89 Hanover st City

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, July 25/76

Undertaker, J Lodge Jr

Place of Business, 89 Hanover St

J Gurry Dill *M. D.*
Medical Attendant.

Address 90 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Association of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Charles Coker

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Blk ~~*Sex,*~~

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 11 Mords alley

Duration of Residence in the City of Baltimore, 1 yr 9 m

Place of Death, {Give street and number.} No 11 Mords alley

Cause of Death, First (Primary,) Cholera Infantum –

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount Cemetery~~ Loudon Park Cemetery

Date of Burial, July 24 1876

Undertaker, Hebbard & Gray

Place of Business, 56 Salisbury St

C G Thomphill M. D.

Medical Attendant.

Address 129 N Bridle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11722

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christianna Berry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, Col *Sex,*

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~40 years~~ Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 97 Pine st

Cause of Death, First (Primary,) Old age

Second (Immediate,) Obscure

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Cathedral~~ Cemetery

Date of Burial, July 24th 1876

John A Pennington M. D.
Medical Attendant.

Undertaker, Wm Lamb Gray

Place of Business, 18 Mulberry st *Address* 98 N Greene St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Pahl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} 160 N. Wolf St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Carcinoma Uteri

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel C.

Date of Burial, July 24th 1876

{*Undertaker,* Rheudolin Dipple / *Place of Business,* 151 S. Bond St.}

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 11724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Hilbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 2 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 56 N. Durham

Cause of Death, First (Primary,) ~~~ Second (Immediate,) Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmell Cimetery

Date of Burial, July 24th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av.

G. L. Wilkins M. D. Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Seitz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 336. Canton Aven.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Brain Trouble.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cimetery

Date of Burial, July 24th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave *Address*

A. Brauer Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Gough

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 353 S. Bond St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 353 S. Bond St

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 24th 1876

Undertaker, F. & H. Schmyer

Place of Business, 341 Eastern Ave.

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11727

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALMSHOUSE JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dhue.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 1 *Months,* 16 *Days.*

Color, White —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 83 E. Lee St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 11 Months.

All the above information should be furnished by the Physician.

Place of Burial, H. Almshouse Cemetery

Date of Burial, July 25th 1876

Undertaker, P. Kimmel

Place of Business, 311 Madison Ave *Address* City

John. I. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 24 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Schmuck

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 216 Alice Anna

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 216 Alice Anna

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Coral sima Cem

Date of Burial, July 25 76.

{*Undertaker,* Chas Bein / *Place of Business,* 252 Hillsboro st}

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11729

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Satterfield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} Cor Franklin & Fulton

Cause of Death, First (Primary,) old age

Second (Immediate,) Debility

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 24th 1876

P. R. Uhler M. D.
Medical Attendant.

Undertaker, John Thacher

Place of Business, No 150 Camden *Address* 234 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d, 2:15 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Irvin Benjamin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three (3) *Years,* ——— *Months,* Six (6) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 15 N. Henry Street

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 N. Henry Street

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Apnoea

Duration of Last Sickness, Three (3) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 24th 1876

Undertaker, John S Macher,

Place of Business, No 150 Candler

Geo W. Aberdien M. D.
Medical Attendant.

Address 15 N Henry Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 / 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Stanley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Bright Kidney Disease

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, July 24th 1876

Geo. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Chas Steffey

Place of Business, Pratt St *Address* 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 24 1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23d. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Catharine Campbell

~~Sex,~~ ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} St. Vincents Hospl. Boundary & Linden av.

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) Effusion on the brain

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 25 1876

Undertaker, Wm. T. Scriven *Address*

Place of Business, 271 W Eutaw St

J. H. Butler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frdk. G. A. Dietrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — — —

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 204 Lexington St.

Cause of Death, First (Primary,) Scrofula & Ulceration of the joints.

Second (Immediate,) Effusion on the Brain

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 24th 4 o'clock

Undertaker, Conrad Kunkel

Place of Business, 60 Park St

I. H. Butler M. D.

" Medical Attendant.

Address 144 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since

Place of Death, {Give street and number.} No 2 Mulberry St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician

Place of Burial, Sharp St Grand

Date of Burial, July 24. 1876

Undertaker, John C Iddo

Place of Business, No 63 Park Ave

Geo. B. Reynolds M. D.
Medical Attendant.

Address 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 11735

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthias Mountifiel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 10 yrs

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Calverton Road

Cause of Death, {First (Primary.) Intemperance / Second (Immediate.) Hemat ——

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, July 24 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Geo C. Ogle M. D.
Coroner

Address ~~Commissioner of Health~~
~~Physician~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr Geo C Ogle

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Lewis, Sophia Lewis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One hour *Years,* ~~Months,~~ *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1. Carlton Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St

Date of Burial, July 24th

Undertaker, Wm M Leonard & Son

Place of Business, 152 W. Balto

Chas. N. Neff M. D.
Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

Date of Death, Balt. July 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Allen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Nine Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 11 Winter St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Epileptal convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, July 23rd

Undertaker, Mc Mc & Perry

Place of Business, 148 W Balt St

L. A. Jones M. D.

Medical Attendant.

Address No. 140 Hill St Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Smith

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Fourty *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland Twenty One Years

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} West St. No 164

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Lutheran~~ Baltimore Cem. P.o. F. C. R. Md. M. D.

Medical Attendant.

Date of Burial, 25th of July.

Undertaker, H. Meeker *Address* Sth & Calhoun

Place of Business, Corner of Paca & Camden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11739

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Conaway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Basin fast Conway St

Cause of Death, {First (Primary,) Drowned

{Second (Immediate,) Heart

Duration of Last Sickness 1

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23 1876

{*Undertaker,* W. Locks

{*Place of Business,* 69 Bond St Address Hanover & Baltimore

R. C. Lee M. D.
Medical Attendant
Canton S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza M Walker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 d *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Beaufort So Ca

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 170 Mt Royal Ave

Cause of Death, First (Primary.) Typhoid

Second (Immediate.) Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 25th 1876

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave

Edmund D Walker M. D.
Medical Attendant.

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Liliana Scully

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 Barre

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, July 25 1876

Undertaker, James D Byrne

Place of Business, 463 N Front St

S Sellers M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Henry Cornish

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } U S

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 246 S Exeter St

Cause of Death, { First (Primary.) Second (Immediate.) } Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25

{ *Undertaker,* H. C. Ross
{ *Place of Business,* 180 West St

M M Antrim M. D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11743.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Davis & Annie Furgerson Twins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 N. Bethel St

Cause of Death, First (Primary.) Premature Birth

Second (Immediate.) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25th 1876

Undertaker, S. H. Lock

Place of Business, Wolf St

Address Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Lyle Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11744,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Buske

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 3 years,

Place of Death, {Give street and number.} Spring st no 81

Cause of Death, First (Primary,) Rupia Escharotica

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25 1876

Undertaker, Wm A Dunigee

Place of Business, 104 East c st

William, L, Russell M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Teresa Patton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 193 S. Washington St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 25th 1876

Undertaker, H. & H. Gibmeyer

Place of Business. 341 Canton Av.

James F. Shaw M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Plett

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Years, 1 Months, 3 mos Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternité Asylum.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Prot. Inft. Asylum

Cause of Death, {First (Primary,) Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 24

Undertaker, C. H. Blizzard

Place of Business, 201 Pen av

C. F. Brau M. D.

Medical Attendant.

Address 241 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876.

Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma F. Smith.

Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternite Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Port Infirmary Asylum

Cause of Death, {First (Primary,) Malnutrition. Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 24

C. F. Braun M. D.
Medical Attendant.

Undertaker, C. O. Blizzard

Place of Business, 201 Penn ave

Address 241 Lindenavenue Fairvale.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jackson Gatrin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 0 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 07 Booth St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Phthisis pulmonalis

Duration of Last Sickness, Chronic

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 25

Undertaker, J B Cook

Place of Business, 707 West Baltimore Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Manion

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 90 Ramsay

Cause of Death, {First (Primary,) Gastro Enteritis

{Second (Immediate,)

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 25

Chas F. Mulholland M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Pratt Baltimore Address 279 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE.

Date of Death, 24th July 1876 evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Nowak

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Lancaster street 104.

Cause of Death, First (Primary,) Aphthae

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, St Hyppolytus Cemo.

Date of Burial, July 25th 1876

Undertaker, A Köhler

Place of Business, 249 E Lombard st

William Hunkel M. D.
Medical Attendant.

Address S. Wolfert. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Federic Steiner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 7 *Months,* 11 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, wagon driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 92 N Exeter St.

Cause of Death, First (Primary,) Chronic Pneumonia. (Pulm. Phthisis)

Second (Immediate,) General Consumption.

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 25th 1876

H. Salzer M. D.
Medical Attendant.

Undertaker, H Schultheis

Place of Business, 261 E. Monument St. *Address* 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11752 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shea

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, One year.

Place of Death, {Give street and number.} Cor Washington & Bowen

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, July 25th 1876

Undertaker, Wm Fry

Place of Business, Broadway

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11753 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Stoute

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boyston Ala 32-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32- Stockton Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3- weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 25th 1876

Undertaker, Jacob Weaver

Place of Business, 476 Druid Hill Ave. *Address* 32 Stockton St

C. J. Cowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11757

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Tormey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co. Md

Duration of Residence in the City of Baltimore, 26 years 7 mos.

Place of Death, {Give street and number.} 29 W. Edger St.

Cause of Death, {First (Primary.) / Second (Immediate,)} Heart disease

Duration of Last Sickness, 1d

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, July 26d 1876

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St

Chas. O Donnell M. D.
Medical Attendant.

Address 1157 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel James Dryden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* 27 *Days.*

Color,

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire lifetime

Place of Death, {Give street and number.} 276 McDonough St

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 26th

Undertaker, Geo Shilling

Place of Business 607 Monument & Bisguith Sts

D Webster Cathell M. D.
Medical Attendant.

Address 1½ S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11756 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible] Clara Knee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 41 Patterson Ave

Cause of Death, {First (Primary,) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial,

Undertaker, J. J. Chalmers

Place of Business, 262 Pen Ave

Penderlea Dr Wendle M. D.
Medical Attendant.

Address 253 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11757 — OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Chandler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 80. S. Paca

Cause of Death, First (Primary,) Entero. colitis acute

Second (Immediate,) [redacted]

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va J. Wm Walls M. D.

Medical Attendant.

Date of Burial, July 25th 1876

Undertaker, Jos Louis

Place of Business, 568 W. Balto St *Address* No. 18 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 578

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 11758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Infant Not named Mothers name Hester Ann Lingold

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Cor. Caroline & Saratoga Sts

Cause of Death, { First (Primary.) Premature Birth / Second (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26. 1876

Undertaker, John C Jacobs

Place of Business, 63 Park Ave

J. T. Hammond M. D.
Medical Attendant.

Address Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11759 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams & Bonsby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* Three *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City Md

Duration of Residence in the City of Baltimore. Continued

Place of Death, {Give street and number.} No. 6 Plum, alley

Cause of Death, {First (Primary,) Chronic intestinal} {Second (Immediate,) Cerebral affection}

Duration of Last Sickness, one day

All the above information shou'd be furnished by the Physician

Place of Burial, Mt. Carmel Cem.

Date of Burial, 24th July

Undertaker, Fred Finis

Place of Business, 103 So. Gay

Address No. 1446 Hull St Balto.

S. E. Dyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11760 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Tucker.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Gentleman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 265 W. Lombard St.

Cause of Death, First (Primary,)

Second (Immediate,) Gastritis.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 26th 1876

Edward R. Ward M. D.
Medical Attendant.

Undertaker, John L. Weaver

Place of Business, 22 W. Fayette St *Address* 242 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11761

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Lanzhis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 234 Lemmon St. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 234 Lemmon St

Cause of Death, First (Primary,) Adrian Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, about 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, July 26th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St

W. R. McKnew M. D.
Medical Attendant.

Address 382 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11762

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if reques so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

Date of Death, July 25 — 1876 11½ A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Maynal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ___ *Years,* 6 *Months,* ___ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 421 Canton Avenue

Cause of Death, First (Primary,) Congestive Scarlet Fever

Second (Immediate,) ___

Duration of Last Sickness, Taken Sick on the 24 th

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cimetery

Date of Burial, July 26 th 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11763 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

Date of Death, July 24, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Senior Murgatroyd

~~Boy, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* ~~Months,~~ ~~Days.~~

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Boarding-house

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No. 40 E. Balto. St.

Cause of Death, {First (Primary,) Fatty degeneration of heart.

{Second (Immediate,) 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery S. C. Maddux

Date of Burial, July 26 1876 Alexander Hill M. D.

Medical Attendant.

{*Undertaker,* Murphy

{*Place of Business,* 5th & Broadway *Address,* No. 23 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last Sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11764,

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Maloney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 S. Burke St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, a few hours -

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, July 26 1876

James A Steuart M.D. Attendant.

Undertaker, H M. Gibney

Place of Business, 341 Canton Ave

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition* (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11765 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabela Gibson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 21 *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 21 Howard st

Cause of Death, {First (Primary,) Diarrhea / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26th 1876

Undertaker, William A. Simcox

Place of Business, No 104 East st

Wm. D. Russell M. D.
Medical Attendant.

Address Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11766 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

Date of Death, July 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 0 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 150 Columbia Av

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetry

Date of Burial, July 26th. 76.

Undertaker, Philipp. J. Dill

Place of Business, 183 Columbia av.

W. H. Cotton M. D.
Medical Attendant.

Address 166 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11767

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Berry F. Innes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, do not know

Place of Death, {Give street and number.} No 176½ E. Balto St.

Cause of Death, {First (Primary,) Second (Immediate,)} Pr Illness,

Duration of Last Sickness, Several Months,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, July 26 1876

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St. Balto.

L. Ridgely Andre M. D.
Medical Attendant.

Address No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11718

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

Date of Death, 24th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Plummer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 58 South St

Cause of Death, {First (Primary.) Pulmonary Consumption / Second (Immediate.)}

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician

Place of Burial, In E. B. G. Hill Road

Date of Burial, July 26/76

Undertaker, Whitby

Place of Business, 54 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11769

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

Date of Death, July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Ray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 7 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 12 S. Castle

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, July 26th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

James E. Donnelly M. D.
Medical Attendant

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11770 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if reques so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Etta Metzler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Logan County Kentucky

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 340 N. Howard St

Cause of Death, First (Primary,) Brain Cold

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, July 26th 1876

Undertaker, A. C. Dayer

Place of Business, 74 S. Broadway

W. Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11771 — OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip H. Chase

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 339 E Baltimore St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 27th 1876

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Dr. C Benzinger M. D.
Medical Attendant.

Address Cor Broadway & Fleet St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes to his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 11772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Boon

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del.

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} 241 North Eutaw

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Senile,

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 26th 1876

Undertaker, Jacob Weaver

Place of Business 164 & 6 Grund Hill Avenue

Geo. H. Merrick M. D.
Medical Attendant.

Address 167 W Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11773 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna McCloskey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 15 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 93 Garden St

Cause of Death, First (Primary,) ———

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Cem

Date of Burial, July 28th 1876

Undertaker, Chas T Scriven

Place of Business, 271 E Eutaw St

Chas H. Mr. Noble M. D.
Medical Attendant.

Address No 263 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11774 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Carrle

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 11 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, School girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 61 Division St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 26 1876

Richard McSherry M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 W. Eutaw St *Address* 189 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 11775,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} O. Benjamin Pask

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Phila Pa

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 108 N. Green St

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 28th 1876

Undertaker, McCaskell Bro

Place of Business, Saratoga St

G. H. Altenberger M.D.
Medical Attendant.

Address 121 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11776

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Jenison

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* Four *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 year 4 months

Place of Death, { Give street and number. } # 4 Dimond Pl

Cause of Death, { First (Primary,) Cholera Infantum & Hooping Cough

Second (Immediate,) Meningitis (during Convulsions)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26 1876

Undertaker, James D Byrne

Place of Business, No 63 N Front St

L. A. Gillis M. D.
Medical Attendant.

Address 28 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 11777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Grason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, Col

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} No 64 St Mary's St

Cause of Death, {First (Primary.) Asthma

{Second (Immediate.) (Not attended by Physician)

Duration of Last Sickness, Died quite suddenly

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26 1876

Undertaker, Sillman & Cray

Place of Business, 65 Mulberry St

W N Sattim M.D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11778

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

Date of Death, July 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josef Steindle

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* 7 *Months,* 19 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* male

Occupation, Taylor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 252 E Pratt str

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Inanition.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 27 th

Undertaker, Hendelin Dysel

Place of Business, S. Bond st. 151 *Address* 137 N Fayette st

L. Dettmarets M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 11779

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

Date of Death, July 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kohl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~1 6~~ 45 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 470. Saratoga St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 27 1876

Thurlow Cook M. D.
Medical Attendant.

{*Undertaker,* John P Pauline
Place of Business, 66 Frederick Ave}

Address 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11780 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie Strickwolet daughter of Chas Strickwolet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Non

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} N. E. Patapsco St between Monroe & Elliott St

Cause of Death, First (Primary,) Diarhoea Cauterica

Second (Immediate,) Marasmus

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Rev. Schwarz. Green. Ford. J. C. Evergreens

Date of Burial, July 26. 1876.

J. C. Evergreens *M. D.*
Medical Attendant.

Undertaker, H. Hofmann,

Place of Business, 63 N. Eden St, *Address* 28 C Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 11781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if request so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Paulus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 265 Augusta Ave

Cause of Death, First (Primary,) Teething

Second (Immediate,) Meningitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, St Ogs Thomas Cem Jno. Brooke Boyle M. D.

Date of Burial, July 26 1876 Medical Attendant.

Undertaker, Henry Stock Address 166 E. Eagle St

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y F

Board of Health, City of Baltimore,

Permit No. 11782 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* f *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Dornbusch

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 8 *Years,* 2 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 36 Hanbert

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus P. G. Dausch M. D.

Date of Burial, July 26 1876 Medical Attendant.

Undertaker, C. F. Kruse

Place of Business, 209 Hanover st *Address* 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 11783 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if reques so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 145 E Eager St

Cause of Death, First (Primary.) Cerebral Meningitis

Second (Immediate.)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 26 1876

Undertaker, James P Byrne

Place of Business, N° 63 N Grant St

Jno. Burke Boyle M. D.
Medical Attendant.

Address 145 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 11784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1876

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an infant not named, give names of parents. } John Mueller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 *Years,* 7 *Months,* 5 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 55 South Chapel

Cause of Death, { First (Primary,) Cholera Morbus
Second (Immediate,) Exhaustion

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Ger. Lutheran Cem. Lieburn

Date of Burial July 27th 1876

M. D.
Medical Attendant.

{ *Undertaker,* H. Frane *Address* 68 N. Front St.
{ *Place of Business,* No. 280 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11785. OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Howard Holman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* Five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Five days

Place of Death, {Give street and number.} 1026 N Eutaw Street

Cause of Death, First (Primary,) ____ Second (Immediate,) Trismus Nascientium

Duration of Last Sickness, one Day

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit

Date of Burial, July 24 1876

A Friedenwald M.D. M. D.
Medical Attendant.

Undertaker, John S. Mackey

Place of Business, Poca St Address 81 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 514)

[OVER.

Board of Health, City of Baltimore,

Permit No. 11786 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Johnson Barnett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Prof. Music

Birthplace, {State or country and how long in the United States, if of foreign birth.} Cecil County Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 74 N. Calvert St

Cause of Death, First (Primary,) Typho Malarial Fever

Second (Immediate,) Uraemic poisoning

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27th 1876

Undertaker, John H. Weaver

Place of Business, # 22 N. Frayette St

E. Wrelet M. D.

Medical Attendant.

Address 51 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 11,787 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fletcher

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* ... *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 So Durham St

Cause of Death, {First (Primary.) Summer Complaint / Second (Immediate.)}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 27 1876

Undertaker, Hy Schultheis

Place of Business, 231 E Monument

James A Steuart M. D.

Address Comm'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Undertaker

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 11788 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carotina Elise A. Burkhard

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 62 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Leipzig. Saxony. 18 years

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} Dover Street 109.

Cause of Death, First (Primary,) Brights disease

Second (Immediate,) Paralysis of the heart.

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27 July 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11789 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

Date of Death, August 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarett L. Downs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 290 Argyle ave.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 290 Argyle ave

Cause of Death, First (Primary,) Premature birth (7th month)

Second (Immediate,) not sufficient vitality (Anemia)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 27 1876

E Lovell Cox M. D.
Medical Attendant.

Undertaker, L. L. Chalmers

Place of Business, Penn^a Ave *Address* 512 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST...

Permit No. 11790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Broekmeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92 Somerset St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chol Infantum

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 27th 1876

Undertaker, H. Hoeck

Place of Business, ———

James A Steuart M. D.
Medical Attendant.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information — E. Petri - Uncle

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 11791 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bradford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 6 State St

Cause of Death, {First (Primary,) Teething — Second (Immediate,) Summer Complaint

Duration of Last Sickness, 4 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, July 27 1876

Undertaker, W. L. Gray

Place of Business, Mulberry.

Jas. F. Stewart, M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Permit No. 1792

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea soon*r*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Schwartz

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* → *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 113 Hamilton St

Cause of Death, First (Primary,) C

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 28th

Undertaker, Henry Brill

Place of Business, Henrietta St 81

H Herod Quirk M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 11793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frisby Lloyd

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Boot & Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbert Co

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 26 E. Baltimore St

Cause of Death, First (Primary,) Chill from Cold

Second (Immediate,) Chronic Hepatic & Gastric inflammation

Duration of Last Sickness, 20 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem,

Date of Burial, July 28th 10. A. M.

Undertaker, Robt A Hall

Place of Business, 233 E. Balt St *Address*

I. I. Cockrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 11794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Carr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifteen — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Fifteen yrs

Place of Death, {Give street and number.} Between Exeter & Canton Sts. on Canton ave

Cause of Death, First (Primary,) Run over by Engine No 4.

Second (Immediate,) of P W & B R R Co.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 28th

Undertaker, Wm A Knight

Place of Business, 74 Bond

J Calvin Ireland M. D.
Medical Attendant.

Coroner Eastern Dist.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Baldwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 452 Canton Ave.

Cause of Death, First (Primary.) Croupous Pneumonia

Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information obtained by inquiry of the Physician.

Place of Burial, M E Prot Ch

Date of Burial, July 28th

Undertaker, W A Barger

Place of Business, 74 Bank

James T. Shaw M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 11796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretha Kist

~~Sex~~, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 89 Years, 8 Months, 5 Days.

Color, *Sex,* female

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany 50 years

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } 498 Pennsylvania Ave.

Cause of Death, { First (Primary,) Hebetudo senilis

Second (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, July 28 1878

Undertaker, Andrew Zeltz

Place of Business, 118 Druid Ave

H. Thorwedt M. D.
Medical Attendant.

Address 39 W Fayette Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11797 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Charles Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 3 Vincent St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, Three weeks "

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Aug 28th 1876

Undertaker, H B Bartz

Place of Business, No 707 W Baltimore Street

Thomas Opie M. D.
Medical Attendant.

Address 396 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11798 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Nop.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Lives in York Penn

Place of Death, {Give street and number.} 80 Hartford Ave

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Mania a Potu.

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, July 28. 76

Undertaker, John S Rodenmayer

Place of Business N E Cor Fremont Ave & Fremont St

Geo E Ogle *M. D.*
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 520)

[OVER

Board of Health, City of Baltimore,

Permit No. 11799 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if reques so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Galloway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 5 *Months,* 24 *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 10 Castle st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 27th 1876 D Webster Cathell M. D.

Medical Attendant.

Undertaker, Wm. A. Runge

Place of Business, Nr 184 East St. Address 142 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

Permit No. 1800

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

Date of Death, July 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen Va. Graf

Sex, Male or Female, {Cross out the word not required in this line.} Fe. Male

Age, — *Years,* 10 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 44 West St.

Cause of Death, {First (Primary.) Teething

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28th

Undertaker, J. G. Mather

Place of Business, 150 Camden St

R. C. Lee M. D.
Medical Attendant.

N. W. cor

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11801 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 P.M. July 25. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Ogle Lewis

~~Sex~~, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Eleven years.

Place of Death, {Give street and number.} 160 Townsend St. near Fremont.

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) " "

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, July 27th 1876

Undertaker, Mesha reo

Place of Business, 550 Fayette St.

M. Duvall M. D.
Medical Attendant.

Address 246 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11802 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26/76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Wm~~ Alexander Gross

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 1 Claret al

Cause of Death, First (Primary,) ~~Enteritis~~

Second (Immediate,) Exhaustion

Duration of Last Sickness, About five weeks

All the above information should be furnished by the Physician.

Place of Burial, Bapt. M. Cem.

Date of Burial, July 27 1876

Undertaker, J. Davis

Place of Business, 103 Lee st

C. C. McDowell M. D.
Medical Attendant.

Address University Dispensary
Green & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11803 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Kasthats

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* 5 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pleasant St. No. 26 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Leadenhall St. 81 Baltimore

Cause of Death, First (Primary,) Summer Complaint.

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Adolph Boehm, M. D.

Date of Burial, 28th July, Medical Attendant.

Undertaker, ~~Julius Stockler~~ Henry Brill

Place of Business, ~~Cor Hanover and Pratt~~ Address Henrietta St 81.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 11804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Tobart

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Eight *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City.

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, { Give street and number. } Foot Jay St Wharf,

Cause of Death, First (Primary,) Drowning.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 28 1761

Undertaker, Cemetery

Place of Business, 54 N Broadway

D. Caldwell Ireland M. D.
Medical Attendant.

Coroner E. Dist.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11805

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah Isaacs

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Ninety Two *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co, Maryland

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} No 3. Frazier's Court

Cause of Death, First (Primary,) Emphysema

Second (Immediate,) Senility

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, July 27th 76

Undertaker, H Gilbert

Place of Business, 41 S. Howard st

E. D. Dyer *M. D.*
Medical Attendant.

Address No 146 Hill st Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11806 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Lovauge.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, about 28 *Years,* — *Months,* — *Days.*

Color, Black. *Sex,* Female.

Married, ~~Single, Widow, Widower~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagarstown Frederick Co. Md.

Duration of Residence in the City of Baltimore, 8 weeks.

Place of Death, {Give street and number.} 70 Moores alley.

Cause of Death, {First (Primary,) 3 Phthisis Pulm.
Second (Immediate,)

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Church burying

Date of Burial, July 27, 76

Undertaker, G. W. Glover

Place of Business, 19 W. Saratoga st

J. Shotwell Townsend M. D.
Medical Attendant.

Address 216 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 11807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 25. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Walker

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* 5 *Months,* ——— *Days.*

Color, Mulatto *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Md.

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number.} 262 Eutaw

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,) 4 4

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Wharf Cemetery

Date of Burial, July 27 76

Undertaker, H Dukehart

Place of Business 191 Madison

Medical Attendant. M. D.

Address 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 11808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Bentz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* ..... *Days.*

Color, ...

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} Cor Washington & Bowers

Cause of Death, {First (Primary.) Scarlet Fever / Second (Immediate.)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Cemetery — *Wm. L. Russell* *M. D.*

Date of Burial, July 28th 1876. — Medical Attendant.

Undertaker, H. Hufnagel — *Address* Broadway &

Place of Business, 63. N. Eden St. — Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11809

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Muehlberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 246 S. Bond St

Cause of Death, {First (Primary,) Second (Immediate,)} Chol Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel

Date of Burial, July 28 1876

Thomas B. Evans M. D.
Medical Attendant.

Undertaker, Henry Dein

Place of Business, 252 Aisquith *Address* 18 Jackson Boyce

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 11810 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lee Myers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* 13 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 13 Months & 13 Days

Place of Death, {Give street and number.} 39 Chapel St

Cause of Death, {First (Primary.) Scarlet Fever / Second (Immediate.)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto City

Date of Burial, July 28 '76

Undertaker, W. Day

Place of Business, [illegible]

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11811 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 7.30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Row

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* one *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 153 South Fremont St

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, July 30

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Paca St. *Address* 118 High St

A. Augustus Shertzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 11812

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, acc
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Direx

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Philpot St, 56

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 56 Philpot St,

Cause of Death, { First (Primary,) } Cholera Infantum

{ Second (Immediate,) } 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Alfonzes Cemetery

Date of Burial, July 28th

Undertaker, Leonhard Burr

Place of Business, S. Bondstreet. d. 222.

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Board of Health, City of Baltimore,

Permit No. 11813

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o*
the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested
so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Eberdallhoff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 — *Months,* 26 — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 232 E. Pratt St

Cause of Death, {First (Primary,) Diarrhoea {Second (Immediate,) Cholera Infantum

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Scarlet Road

Date of Burial, July 29.

Undertaker B. Frolinger

Place of Business, Canton

Woodhurst M. D.
Medical Attendant.

Address 84 S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11814

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if request... so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Rusk

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seamen

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number} 24 Fell

Cause of Death, First (Primary,) Typhoid Dysentery

Second (Immediate,)

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, July 28th 1876

Undertaker, H. Rockwell

Place of Business, 246 Eastern Av

James E. Donald M. D.,
Medical Attendant.

Address 292 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11815 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, July 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fenton

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer / Single

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Penn.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 156 Hollins Street

Cause of Death, {First (Primary,) General Debility

{Second (Immediate,) Consumption

Duration of Last Sickness, one year six Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 28th 1876

Undertaker, Geier, Kummert

Place of Business, No 312 Mulberry st Baltimore Md

J. J. Sledge M. D.
Medical Attendant.

Address 231 N Lombard / Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11816 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Gray

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 18 yrs.

Place of Death, {Give street and number.} Jenkins al. above Preston st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asphyxia

Duration of Last Sickness, (I do not know exactly) 2 mos (or more)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 28th 1876

Undertaker, William Frey

Place of Business, 57 Madison Ave Baltimore St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S · A F E T Y ▲ F

Board of Health, City of Baltimore,

Permit No. 11817

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Carroll

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 129 West Street

Cause of Death, {First (Primary,) Cerebral Inflamation

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28th 1876

Undertaker, Hercules Ross

Place of Business, 180 West St

Samuel Stewart M. D.
~~Medical Attendant~~

Address Commissioners of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Mary Carroll Mother

[OVER.]

KODAKS

Board of Health, City of Baltimore,

Permit No. 11818

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if req so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Hallie Hallett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line,}

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} Cor Paca & Fayette N E Cor

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) " Infantile weakness

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery.

Date of Burial, July 28th 1876

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

W W Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11819 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schmidt

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, W *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 115 Albemarle.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity church Cem.

Date of Burial, July 29/1876

D W White, M. D.
Medical Attendant.

Undertaker, Peter Feury

Place of Business, No. 91 Eastern Ave. *Address* 261 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 11820 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Getz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 23 yrs

Duration of Residence in the City of Baltimore, 23 years —

Place of Death, {Give street and number.} 217 S. Wolf Street

Cause of Death, First (Primary,) —
Second (Immediate,) Cancer of Liver

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 29 1876

Undertaker, Wendel Doepfel

Place of Business, 151 S. Bond St.

Thomas R. Evans M. D.
Medical Attendant.

Address 18 Jackson Sqr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 11821 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately ... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Grant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 6 *Months,* ~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 241 Bethel St

Cause of Death, {First (Primary,) / Second (Immediate,)} Summer Complaint

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y James A Steuart M. D.

Date of Burial, July 28th 1876

Undertaker, John H Locke

Place of Business, Wolfe St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant was Charlotte Haynson Grandmother [over.]

Board of Health, City of Baltimore,

Permit No. 11822

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, July 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Wm Wallace & Mary Blake

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 20 hours ~~Days.~~

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bald City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Chesnut St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, (Sudden)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28th 1876

{*Undertaker,* W. W. Dunger / *Place of Business,* East St}

James A Steuart M.D.

~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charlotte Wilson Midwife

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11823 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Albert Sr...

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe Fitter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No. 57 Bank St. Baltimore Md.

Cause of Death, First (Primary,) ...

Second (Immediate,) Pyaemia

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 30th

John Morris M. D.
Medical Attendant.

Undertaker, ...

Place of Business, ... Address No. 57 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11824

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agatha Herr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* one *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 325 Alice Anna St

Cause of Death, {First (Primary,) Congenital Deformity {Second (Immediate,) Inanition

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 29 1876

Undertaker, John C. Schultz

Place of Business, Alice Anna St.

Thomas F. Evans M. D.
Medical Attendant.

Address 18 Jackson Sqre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11825

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonora Hunter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 8 *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 years 6 mos & 8 days

Place of Death, {Give street and number.} On 4 Bradfords alley

Cause of Death, {First (Primary,) Broncho Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28th 1876

Undertaker, William A. Bruce

Place of Business, No 104 East St.

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 11826

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia E Mucher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.* 1

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Millville

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Laurens St. No 232

Cause of Death, First (Primary.) Nephritis

Second (Immediate.) Dropsy

Duration of Last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, Dalle Cemetery

Date of Burial, July 29 1876

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave

Chas C Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 11827

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, acc... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Waterman

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 19 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Light St. Balto. city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} S. W. Cor. Conklin & East. ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina Maligna

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 29 th.

Undertaker, Wendelin Diffet

Place of Business, N. Bond st. 151

H. M. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11828 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bernhard.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* *Days.*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 272 Cross St.

Cause of Death, {First (Primary.) 1. 2. Second (Immediate.)} Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29th

Undertaker, Henry Boicke

Place of Business, Hanover 7481

R. J. H. Tall M. D.
Medical Attendant.

Address 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11829 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florance M. Rickler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* — *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 Warner.

Cause of Death, {First (Primary,) Meningitis / Second (Immediate,) Convulsions

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, July 29th 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

R. J. N. Tall M. D.
Medical Attendant.

Address 15 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11830 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Stallmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* 9 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} No 326 Hamburg Street

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) general consumption

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 29 th

Undertaker, H Brill

Place of Business, Henrietta N 81

Henry Salzer M. D.
Medical Attendant.

Address 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 11831

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1976 BALTIMORE

Date of Death, July 28th at 5:30 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Erick Faulmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Farmer. Retired

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sweden Left Denmark 12 years

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 215 Canton Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetary

Date of Burial, July 30 1876

Undertaker, Longwood

Place of Business, 57 Gough *Address* [illegible]

James E. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 11832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Smart

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* " *Months,* ' *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} Washington Univesity Hospital

Cause of Death, {First (Primary.) Gangrene
Second (Immediate,) & Inanks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 29 July 2 Oclock P.M.

Undertaker, Hoge & Rodenmayer

Place of Business, 38 Eason St

A. L. Walker M. D.
Medical Attendant.

Address Washington Un Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11833 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schwabenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, three *Months,* one *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Fredrick Aven

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 30th

Undertaker, J. P. Paulus

Place of Business, 66 Fred Aven

D. Clarke Owings M. D.
Medical Attendant.

Address 84 Fred. Aven

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 11834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, July 28th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Kogelchatz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 287 N. Dallas St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Prostration

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 29, 1876

Undertaker, Henry Hoeck

Place of Business, 309 Central Av *Address* 5 Franklin St.

Wm Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11835 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pat Connelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Exeter No 185

Cause of Death, First (Primary,) old age

Second (Immediate,) Bilious Fever

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 30 1876

Undertaker, James L Byrne

Place of Business, No 63 N Front St *Address*

O S Mason *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11834

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE.

Date of Death, July 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie Summers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary.) Acute Phthisis

{Second (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, N. Potter's Field

Date of Burial, July 29th 1876

{*Undertaker,* C. Shuster

{*Place of Business,* Pratt & Chester Sts

Jno. Burke Boyle M. D.
Medical Attendant.

Address 46 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 11837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Covington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 Shultz Street

Cause of Death, {First (Primary.) artificial nursing
Second (Immediate.) Marasmus

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29 1876

Undertaker, John H. Locke

Place of Business, Walk St

James A Steuart M.D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Robt. B. Covington Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11838 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1976 BALTIMORE

Date of Death, July 28 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Strayer Alden Alexander

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, Days.

Color, W 9

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dover Delaware

Duration of Residence in the City of Baltimore, 9 Mos

Place of Death, {Give street and number.} 363 N. Bond St. Balto

Cause of Death, First (Primary,) Cholera-Infantum

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Elkton Cecil county Md

Date of Burial, July 29/76

Undertaker, Wm H. Hickman

Place of Business, 1234 Jay St *Address* 23 Franklin

J. H. Patterson M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 521)

[OVER.]

...Health, City of Baltimore,

Permit No. 11839 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Carolina Gerbig Parents (Twin)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 70 Portland Stret

Cause of Death, {First (Primary,) Premature Birth - (7 mos)
Second (Immediate,) asthenia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 29 1876

Undertaker, Chas Rossing

Place of Business, E Fayette St

James A Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Joseph Gerbig Father [OVER.]

...Board of Health, City of Baltimore.

Permit No. 11840 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph & Caroline Gerbig Parents (Twin)

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 70 Portland St

Cause of Death, {First (Primary,) Premature Birth (7 mos)
Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 29th 1876

Undertaker, Chas Rossing

Place of Business, 136 E Fayette

James H Steuart M.D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Joseph Gerbig — Father

[OVER.]

Permit No. 11841

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Rohleder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Parkin Ave & 7th.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Spasm

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 30 1876

Undertaker, Andrew Snell.

Place of Business, 906 Columbia Av.

C. L. Buddenbaum M. D.
Medical Attendant.

Address 906 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 118421 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles S. Jr. Weckerser

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 6 Months, 2 3 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 195 Columbia Str.

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetery

Date of Burial, July 29th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

J. G. Womble M. D.
Medical Attendant.

Address 203 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11843

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, July 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth S. Belz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* *Days.*

Color, White 9 5

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,*

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 140 E Pratt st.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 30/76

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

John A Schultz M. D.
Medical Attendant.

Address Cor Gough & Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11844

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie M. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 78 Caroline St.

Duration of Residence in the City of Baltimore, 19 days.

Place of Death, {Give street and number.} 78 Caroline St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30th. W. Riley *M. D.*

Medical Attendant.

Undertaker, Mendelin Diffel

Place of Business, S. Bond St. 151 *Address* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11845 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Handy Swift

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty two *Years,* ~~mm~~ *Months,* ~~mm~~ *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Boatyard

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} 209 South Washington St.

Cause of Death, First (Primary,) Injuries upon head from fall

Second (Immediate,) of Block & Tackle.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Episcopal C. W. Calvert Ireland M. D.

Date of Burial, 30th July Medical Attendant.

Undertaker, Hendelin Digges Coroner East Dist.

Place of Business, 151 S. Boundary. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 11846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Neuschaefer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty nine *Years,* mm *Months,* mm *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, mmmm

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, mmmm

Place of Death, {Give street and number.} 197 South Bond.

Cause of Death, {First (Primary,) Spinal poisoning.
Second (Immediate,)

Duration of Last Sickness, Five Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel C. D. Caswell Ireland M. D.

Date of Burial, July 30th Medical Attendant.

Undertaker, Wendelin Liffel Coroner E. Dist

Place of Business, S. Bond st. 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11847

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1916 BALTIMORE

Date of Death, July 29th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth McDiekean

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 6 Braunque Court

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Eastern Cemetery

Date of Burial, July 30th 1916

Undertaker, Wm. Tom Denny

Place of Business, 263 Light St

J. Harvey Hill M. D.
Medical Attendant.

Address 71 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11848 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tho A. A. Colvin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 160 Battery Ave

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 160 Battery Ave

Cause of Death, {First (Primary,) ——— Second (immediate,)} Ignition

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath cemetery

Date of Burial, July 29th 1876

Undertaker, Armstrong & Lemm

Place of Business, 263 Light St

Geo. H. Benson M. D.
Medical Attendant.

Address 164 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11849 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 4 *Months,* —— *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Phila Pa

Duration of Residence in the City of Baltimore, greater part of life

Place of Death, {Give street and number.} 21 S Fremont St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Pulmonary Consumption 15 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 30th 1876

Undertaker, John L Thacher

Place of Business, No 150 Canden St

A H Emory M. D.
Medical Attendant.

Address 26 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11850

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dougherty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 184 Dover

Cause of Death, {First (Primary,) Second (Immediate,)} Gastro Enteritis (Chronic)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 23rd 1876

{*Undertaker,* J B Cook

{*Place of Business,* No 707 W Baltimore Street

Edwd F. Mielvleane M. D.
Medical Attendant.

Address 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11851 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, July 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michel J. Cleary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} 196 Raborg St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 22nd 1876

Undertaker, A B Cook

Place of Business, No 707 W Baltimore Street

Benjn Whiteley M. D.
Medical Attendant.

Address Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I

Board of Health, City of Baltimore.

Permit No. 11852

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Joseph Watkins~~ July 28. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Joseph~~ Joseph Watkins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ 8 *Months,* 8 ____ *Days.*

Color, ed *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Jourdan al Court

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) " "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral J. B. Browne M. D.

Date of Burial, July 30th 1876 Medical Attendant.

Undertaker, E. J. Scriven

Place of Business, 271 N. Eutaw *Address* 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

Board of Health, City of Baltimore,

Permit No. 11853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Cabe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty eight *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Stone cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dublin Co Ireland

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, {Give street and number.} N 98 Garden St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Disease of Liver

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 30th 76

Undertaker, E. S. Scriven

Place of Business, 271 N. Eutaw St

H. Thatard M. D.
Medical Attendant.

Address 1114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 11857

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Mary E. Green

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Illegitimate

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 8 Plum Alley

Cause of Death, { First (Primary,) Premature Birth / Second (Immediate,) asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30th 1876

{ *Undertaker,* Hercules Brood / *Place of Business,* West St.

James A Steuart M. D.

Address Commissioners of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Rachel Doran Midwife

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11853.

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, July 27. 11. p m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Williames.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 48. *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow* or *Widower,* {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 48. Years.

Place of Death, {Give street and number.} 254. W. Monthel Av.

Cause of Death, First (Primary,)

Second (Immediate,) Carcinoma Abdominis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 30/76

John L. Fitzer. M. D.
Medical Attendant.

Undertaker, Stinchcomb

Place of Business, 550 W Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28- 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Rice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three Years, Seven Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, His life time

Place of Death, {Give street and number.} Kenna Ave - 1 Balt City

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Chronic Gastritis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 30th 1876

C. J. Couch M. D.
Medical Attendant.

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave Address Cor Baltimore & Calvert Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 11857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 11/11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Mason

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 267 Montgomery st

Cause of Death, {First (Primary.) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, July 29

Undertaker, C F Krause

Place of Business, 209 Hanover st.

J W White M. D.
Medical Attendant.

Address South Dispensary
40 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Oneal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Liberty Alley

Cause of Death, {First (Primary,) Second (Immediate,)} Inanition

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, St Marys

Date of Burial, July 29. 76

Undertaker, John J Rodmaycr

Place of Business, N E Cor Sumner and Monument St

Geo. B. Reynolds M. D.
Medical Attendant.

Address 94 North Calvert

JUL 29 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 23 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, Aug. 1. 1876

Undertaker, Saml Bowser

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11860

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex,* Married

Occupation, Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} 34 President St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 30th

Undertaker, H. M Gibney

Place of Business, No 341 Canton Av

John A Schultz M. D.
Medical Attendant.

Address N E Cor Gough & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore.

Permit No. 11861

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon & Elizabeth Price Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Price alley

Cause of Death, {First (Primary.) Cold

{Second (Immediate.) Atrophy

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Mary's St Cemetery

Date of Burial, July 30th 1876

Undertaker, Sam'l H Chase

Place of Business, Howard St

Address Commissioners of Health

M. D.

Medical Attendant

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Solomon Price Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11862

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Nusick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Five months *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 15 Barre Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Intense heat

Duration of Last Sickness, About five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Count Hilton A Taylor M. D.

Date of Burial, 30th July Medical Attendant.

Undertaker, Adam Fink.

Place of Business, 461 N. Gay St. Address 103 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 11863,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles C Goldrun

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, One Months, Two weeks Days.

Color, Yellow *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 1 Cross alley

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Marasmus.

Duration of Last Sickness, Lifetime.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 30th 1876

Undertaker, Wm. J Gray

Place of Business, 65 Mulberry St

W. P. Morgan M. D.
Medical Attendant.

Address 95 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 90 *Years,* *Months,* *Days.*

Color, White *Sex,* Widower

Married, Single, Widow or Widower, {Cross out the words not required in this line.} None

Occupation, Ireland

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 4 3 yrs

Duration of Residence in the City of Baltimore, 3 Liberty Alley

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Fractured & Lacerated L left foot

Second (Immediate,) and leg; Contusion of Opposite foot. Shock

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 30 1876

{*Undertaker,* James B Byrne

{*Place of Business,* W 63 Front St *Address* 248 Madison Ave

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 29

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Kaier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} N° 103 Eastern Av.

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30

Undertaker, Peter Faer

Place of Business, 91 Eastern Ave

A. H. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Date of Death, 28th. July 1876 evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Behmken

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 22. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Canton Avenue 215.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Spasms

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician

Place of Burial, St Mathews Cemetery

Date of Burial, July 30th 1876

Undertaker, L. Eckhart

Place of Business, 269 Canton Ave

William Henkel M. D.
Medical Attendant.

Address S. Wolfert's. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11867

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 30 1876

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick A Onion

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* ~~one~~ two *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Five yrs & two Mo.

Place of Death, {Give street and number.} 164 Hanford Av

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Chronic diarrhoea ulceration of Bowels glands and Guipura

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 31 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Elias C Price M. D.
for Dr Shearer
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full names, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 17868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roelke Michgram

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 201 S. Wolf

Cause of Death, First (Primary,) old age

Second (Immediate,) Diarrhoea

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 30th

Undertaker, [illegible]

Place of Business, [illegible]

Abram B. Arnold M. D.
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 11869 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Bromwell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 13 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ——

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 8 Greenwillow, Ct

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, did not attend 12

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30th

Undertaker, [illegible]

Place of Business, 72 Penn ave

W W Austin M.D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Lynch

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, Years, 5 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her Whole life

Place of Death, {Give street and number.} 361 1/2 Bond St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) do Has been ill two days

Duration of Last Sickness, about 3 weeks.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cem

Date of Burial, July 31 1876

Undertaker, John F Rodenmayer

Place of Business, N E Cor Lemmon ave & Monument St

M Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE JUL 30 1876

Date of Death, July 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Patrick Crawford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Dont Know

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor Infirmity

Cause of Death, {First (Primary,) Second (Immediate,)} One week

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, July 30

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Jno. Brooke Boyle *M. D.*
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11872 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 7 Celaret alley

Cause of Death, {First (Primary,) .....} {Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30th

{*Undertaker* Hercules Rod}

{*Place of Business,* 180 West St}

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11873

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Young

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4y *Years,* *Months,* *Days.*

Color, C *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number.} 10 Moales St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, July 30th 1876

Undertaker, Wm. H. Runge

Place of Business, East St. 184.

Charles Morfit M. D.
Medical Attendant.

82 Dikes St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No 11874

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fisher

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 273 Central ave

Cause of Death, { First (Primary,) Entero-colitis
Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus [illegible] F. A. Ohaver M. D.

Date of Burial, July 31, 1876 Medical Attendant.

Undertaker, Henry Hock *Address* F 256 N Eden St

Place of Business, 309 Central Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 11875

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mason

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Fork St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Greenmount

Date of Burial, July 30th 1876

Undertaker, M. C. Parry

Place of Business, Pratt St.

By Thos. Ford Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* ~~34~~ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 184 Dorr

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, July 31

Undertaker, J B Cook

Place of Business, 707 W Balto St

Edwd F. Mulholland M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilda Hildebrand

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* two *Months,* 26 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 833, W. Baltimore Street

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Hydrocephalus (ex vacuo)

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudain Park

Date of Burial, July 31st 1876

Undertaker's Ehrenworth & Gude

Place of Business, 725 W. Balto-st Baltimore Md.

Morris Steiner M. D.

Medical Attendant.

Address 249 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 11878 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Anderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Labor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norfolk Co Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, { Give street and number. } Flat Iron alley

Cause of Death, { First (Primary,) Phthisis

{ Second (Immediate,)

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1876

{ *Undertaker,* William A. Dange

{ *Place of Business,* No 184 East St.

E. H. Rucker Jr M. D.

Medical Attendant.

Address 131 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 11879

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30 July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunde Weiss

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 11 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lemon Alley near Gilmor Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Aghonous Church

Date of Burial, 31 July Cemetery

Undertaker, Kimmell

Place of Business, Mount Street

H F Steinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11880 OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Schaefer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 S. Exeter St

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery by Liebmann M. D.

Date of Burial, July 31 Medical Attendant.

Undertaker, Ch. Rousey

Place of Business, 136 E Fayette *Address* Inaudible

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11881 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hagen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 206 S. Register St.

Cause of Death, {First (Primary,) Cause of death unknown, Second (Immediate,) probably Bronchitis.

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, 31th July

John H. Rehbeyer M. D.
Medical Attendant.

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anna St. Address 243 Alice-Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wolf.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 328 S. Eutaw St.

Cause of Death, First (Primary,) Epilepsy.

Second (Immediate,)

Duration of Last Sickness, For the Last 25 yrs.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 31st of July

Undertaker, Philipp Seewald

Place of Business, 35 S. Eutaw St

R. J. H. Tall, M. D.
Medical Attendant.

Address 15-8. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 11883 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Meyer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Hillen & Front Sts

Cause of Death, First (Primary,) Cold

Second (Immediate,) Bronchitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 31st 1876

Undertaker, H. Meyer

Place of Business, 106 N. Howard St.

James A Lemmon M.D.
Attending Physician

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by August Meyer Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11884

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirteen *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} Eyles Wharf.

Cause of Death, First (Primary,) Drowning.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Josephs Cem. *Residence* Caroline Island

Date of Burial, Mond. July 31 Coroner E. Vint *M. D.* Medical Attendant.

Undertaker, John Brown

Place of Business, 17 S. Wolfe *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I L

Permit No. 11885 — OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nathaniel Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 3 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Oxford St

Cause of Death, {First (Primary,) Pontonitis preceded by haematuria
Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1876

{*Undertaker,* Wm Fames Gray
{*Place of Business,* 45 Malberry St

D E Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th mo 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emeline Scott.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, Coloured *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Housekeeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, 43 years.

Place of Death, {Give street and number.} 43 Raborg St.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Sharp Cemetery

Date of Burial, July 31 1876

Undertaker, Wilson & Sap

Place of Business, Hanover St

Mr Riley *M. D.*

Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Straus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 17 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 S. Eden St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Har. Sinai Temple

Date of Burial, July 31. 76.

Undertaker, Chas Hollander & Sons.

Place of Business, 22 N. Pratt St. *Address* 148 Mulberry St.

H. Straus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 11888

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Booker

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, ~~_____~~ *Years,* 6 *Months,* ~~_____~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Late

Place of Death, {Give street and number.} 41 Oxford St

Cause of Death, {First (Primary.) / Second (Immediate.)} Chol Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 31 1876

James A Steuart M. D.

Physician

Undertaker, W Das Gray

Place of Business, Mulberry St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Donna W. Irvine

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} M

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 315 Linden Ave

Cause of Death, {First (Primary,) Child Birth

{Second (Immediate,) a few hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 31st 1876

Undertaker, R Pennicke & Co

Place of Business, Eutaw St

G. W. Mittenberger M. D.

Address 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th July 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lina Schuepfer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Switz

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 392 Canton Ave

Cause of Death, {First (Primary,) Phthisis tuberculosa pulmonum / Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cemitery

Date of Burial, July 31st 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

J. Flattmen M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday August 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian W Hauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Non

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N° 3 Potomac St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N° 3 Potomac St

Cause of Death, First (Primary,) Aphtha & Sinedura

Second (Immediate,) Marasmus & Stomach Affection

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 1st 1871

Undertaker, James P Byrne

Place of Business, N° 63 N Front St

J C Fischer M. D.
Medical Attendant.

Address 128 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July. 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 7 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodford St No 38

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Stricker St 114 (City)

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,)

Duration of Last Sickness, two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, July 31 76

Undertaker, Worrell & Sons

Place of Business, 114 W Baltimore St

H. J. Hunck M. D.
Medical Attendant.

Address Cor Peretman & Caroline City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Fred. Schwartz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 0 *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Goodman's Alley No 16.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Goodman's Alley 16

Cause of Death, { First (Primary,) Summer Complaint / Second (Immediate,)

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Adolph Bruhn, M. D.

Date of Burial, Aug 1st 1876 Medical Attendant.

Undertaker, C F. Krause

Place of Business, 209 Hanover st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 11894

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 31 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sanders

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Race St

Cause of Death, {First (Primary.) Diarrhoea
Second (Immediate,) Chol Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 30th 1876

Undertaker, Hercules Ross

Place of Business, West St

James A Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Brown Midwife [WIFE.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11895.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo F Jane Barbers Parents

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 312 S. Howard St

Cause of Death, {First (Primary,) / Second (Immediate,)} — Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, H. Potters Field

Date of Burial, July 29th 1876

Undertaker, M. & C. Perry

Place of Business, Pratt St

James H Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Annie Johnson Midwife

...Health, City of Baltimore,

Permit No. 11896

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

Date of Death, July 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Case

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 241 S. Eutaw St.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, July 30 76

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.
Medical Attendant.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11897

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Florence Boston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 Months *Years,* ——— *Months,* ——— 14 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 Months 14 days

Place of Death, {Give street and number.} 167 Pine Street

Cause of Death, {First (Primary.) Tubercular Meningitis. Second (Immediate,) Convulsions & Coma.

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 30 76

{*Undertaker,* B. H. Grace

{*Place of Business,* [illegible]

D. N. Scruff. *M. D.*
Medical Attendant.

Address N. E. Cor. Paca & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11898

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Nineteen *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 2 Hughes Court

Cause of Death, {First (Primary.) Diarrhea / Second (Immediate.)}

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, July 30 76

Undertaker, [illegible]

Place of Business, [illegible]

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Convey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma V. McCready

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 186 W. Mulberry St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Aug 1st 1876

W. Tilcomb M. D.
Medical Attendant.

{*Undertaker,* M. McCaull Bros

{*Place of Business,* Eutaw St *Address* 618 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11900

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Kelly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 2 Constitution St Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} No 2 Constitution St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, July 31 1876

Undertaker, James O'Byrne

Place of Business, No 63 N Frenty *Address* 59 Eutaw St Baltimore

Charles Lounder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Lewis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Stonekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Armagh Ireland

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number.} No. 92 N. Leadenhall St. Balto Md.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, July 31 1876

John Morris M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 S. Front St *Address* No. 5. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 12 *Months,* 21 *Days.*

Color, Black

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, One year 21 Days

Place of Death, {Give street and number.} 4 Louis Court

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, July 31st 1876

Undertaker, John N. Lock

Place of Business, 59 S. Wolf St

Wm L Russell M. D.
Medical Attendant.

Address 1 Broadway E
Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Wilkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 5 N. Castle St.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1876

Undertaker, Jno A. Lange

Place of Business, No 11½ East St.

G. Glanville, Jas K. M. D.
Medical Attendant.

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Honora Cuney

~~*Sex,* Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, ——— *Sex,* ———

~~*Married,* *Single,* *Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 13 Hudson alley -

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem. G. L. Tanneyhill M. D.

Date of Burial, Aug 1st 1876 Medical Attendant.

Undertaker, Jas. F. Byrne

Place of Business, Liberty St *Address* 129 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11905

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Scythe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number.} N° 96 St Paul St

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1st 1876

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

J H Patterson M. D
Medical Attendant.

Address 28 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

Date of Death, July 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Trina M. Kruse

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Twenty five *Years,* eleven *Months,* six *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and number.} Nr. 10 E. Biddle St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 1st

Undertaker, Adam Link

Place of Business, 461 W. Gay St *Address*

J. C. Shaw M. D.
Medical Attendant.

54 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizza Jane Emerine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 227 N Caroline St

Duration of Residence in the City of Baltimore, 3 Yrs 1/2 days

Place of Death, {Give street and number.} 227 N Caroline St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Passive Congestion of the Brain

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1st of August.

Geo Wells M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 W Gay St *Address* 81 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11908

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial; within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

Date of Death, July 31st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Uhl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 242 Eastern Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, St Nicholas Cemetery

Date of Burial, Aug 1

Undertaker, Ch Rossedy

Place of Business, 136 E Fayette

James S. Shaw M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11909

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Taylor

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Bel Air Avenue

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Summer Complaint

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Finity Ch Cemetery James F Stewart M. D.

Date of Burial, Aug 1st 1876

Undertaker, Ch Roessing

Place of Business, 136 E. Fayette St. *Address* Commissioners of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by Emanuel Taylor Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Mastell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 149 Canton Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Do not Know, saw the case but once previous to death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, August 2 1876

Undertaker, H. H. Gbmeyer

Place of Business, 341 Canton Ave.

James F. McShane M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Knat

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 5 yrs.

Place of Death, {Give street and number.} 174 Calhoun Road.

Cause of Death; {First (Primary,) / Second (Immediate,)} Accidentally fell from top of house.

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, August 1/76

Geo C Gyle Coroner *M. D.*
Medical Attendant.

Undertaker, John P. Paulus

Place of Business. 66 Frederick Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11912

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

Date of Death, July 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry, & and Kuhler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* ~~——~~ *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 N. Castle St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 1st 1876

Undertaker, M. France

Place of Business, 280 Canton Ave

James A. Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Francis Hunt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— 1 *Months,* 5 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 20 N. Kein St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) one week.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, August 1st 1876

{*Undertaker,* John J Rodenmayer

{*Place of Business,* N E Cor Fremont ave & Monument St

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanibal Gross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 1 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 321 E. Howard St

Cause of Death, First (Primary,) Thrush;

Second (Immediate,) Inanition

Duration of Last Sickness, all Ts Life

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug 2 1876

Undertaker Hercules Ross

Place of Business, West St

James A Steuart M. D.

~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Edward Gross Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benjamin C. Sipel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Teller

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } 37 Whatcoat St

Cause of Death, { First (Primary,) Phthisis Pulmonalis

~~Second (Immediate).~~

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 30 1876

A. Tinsley M. D.
Medical Attendant.

{ *Undertaker,* Edmund Selby
{ *Place of Business,* Belt & Son *Address* 452 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

Date of Death, July 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine L. C. Thorwood

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 8 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 Rose Street

Cause of Death, First (Primary,) Lithyng

Second (Immediate,) Cholinfantum

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Aug 1st 1876

James F. Heuisler M. D.
Medical Attendant

Undertaker, G. Froehlich

Place of Business, 246 East Ave

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and th, except in cases of births and deaths of illegitimate children.

nmation by Undertaker — [OVER.]

Board of Health, City of Baltimore,

Permit No. 11917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1870 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 31 July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Weigel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Columbia Street 151

Cause of Death, First (Primary,) Teeth Complaint

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2 August

Undertaker, P. J. Dill

Place of Business, 183 Columb. Street

L. F. Reinhardt M. D.
Medical Attendant.

Address 224 West Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. J. Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty five *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Foot of Harris wharf.

Cause of Death, First (Primary,) Drowning

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P Field

Date of Burial, July 31

Undertaker, Charles Stupe

Place of Business, Pratt Hebster 30 *Address*

H. C. Ireland M. D.
Medical Attendant.
Coroner E Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 /76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James F Barnes

~~Sex,~~ Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) insane

{Second (Immediate,) Acute Phthisis

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, W P Reed

Date of Burial, July 31

Undertaker, Charles Strupe

Place of Business, Pratt Wheeler

Jno. Brooke Byrd M. D.
Medical Attendant.

Address 166 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 11920 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Steets

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 60 Albemarle.

Cause of Death, First (Primary,) Imperforate rectum

Second (Immediate.) ____

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 1st 1876

P. E. Dausch M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 N Fourth Address 27 N. Broadway

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

...Health, City of Baltimore,

Permit No. 11921 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ann Bishop

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 21 *Years,* *Months,* *Days.*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co Maryland

Duration of Residence in the City of Baltimore, Abnut 5 yiars

Place of Death, {Give street and number.} 6 Lt Pine street

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, Abnut 3 months

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, August 2. 1876

Undertaker, John C Jordon

Place of Business, 63 Park Ave

H Darling M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 823)

[OVER.]

Board of Health, City of Baltimore,

Permit No. ~~No~~ 11922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E Chew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 14 *Months,* *Days.*

Color, Light Brown *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number.} No 4 Clayton's Row

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, August 1. 1876

Undertaker, John E Gordon

Place of Business, 63 Park ave

B F Bohrer M. D.

Medical Attendant.

Address Cor Dolphin & Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A Shields

Sex, [redacted]male, { Cross out the word not required in this line. }

Age, Forty three *Years,* Two *Months,* ——— *Days.*

Color, White *Sex,* Fe

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, 2 3 yrs

Place of Death, { Give street and number. } # 659. W. Lombard St

Cause of Death, First (Primary,) Hemiplegia Disseminated

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, About Two Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C

Date of Burial, Augt 2. 1876

Undertaker, J. B. Blackistone & son

Place of Business, 606 Balt St

J. L. Kinsman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

Date of Death, July 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Potts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} No 85 Schroeder st Balto

Cause of Death, {First (Primary,) Pthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 2 August

Undertaker, R Renwick Jun

Place of Business, 92 W Harrod

S H Pattison M. D.
Medical Attendant.

Address 23 Franklin Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11925 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Oliver Ingalls

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 2 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 47 Eutaw St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, 2 August

Undertaker, C. A. Watchman

Place of Business, 133 S Bond St

J. Ridgway Brady M. D.
Medical Attendant.

Address 2021 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11926 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th mo 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Geelinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 160 E. Charles St

Cause of Death, First (Primary,) debility

Second (Immediate,) old age

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem'y

Date of Burial, 2nd August 1876

W Riley M. D.
Medical Attendant.

Undertaker, Hy M. Jenkins & Son

Place of Business, 16 Light St *Address* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cook

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* Seven *Months,* twenty two *Days.*

Color, White

~~*Married, Single*~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 369 N. Gay Balt City

Cause of Death, {First (Primary,) Cancer of Breast

{Second (Immediate,)

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, August 2nd 1876.

{*Undertaker,* Wm H. Eichman

{*Place of Business,* 234 N. Gay St.

Geo W Watson M. D.
Medical Attendant.

Address 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11928. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

Date of Death, Augt. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Stevens.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 7 Woodward St

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 7 Woodward st.

Cause of Death, First (Primary,) Premature Birth (7 mos.)

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Buriel, Western Cemetery B. F. Leonard M. D.

Date of Buriel, Augt 1st Medical Attendant.

Undertaker, Wm. & H. Leonard Son Assist. Physician

Place of Business, 787 W. Baltimore st *Address* 2nd University Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11929

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

Date of Death, Baltimore August 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* Five *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary Co, Maryland

Duration of Residence in the City of Baltimore, Two Years & five months

Place of Death, {Give street and number.} No 69 Wilcome alley

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Phthisis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 2 76

Undertaker, [illegible]

Place of Business, [illegible]

L. D. Jos *M. D.*
Medical Attendant.

Address No. 146 Hill St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Gordon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 88 Leadenhall St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Chol Infantum

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 2 1876

Undertaker, S. W. Chase

Place of Business, S. Eutaw St *Address* Commiss of Health & Registrar

James A Mercer M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah A Benton Grandmother

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11931,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Hazleton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Laundress &c

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, thirty years

Place of Death, {Give street and number.} 36 Chesnut St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, nearly six months

All the above information should be furnished by the Physician.

Place of Burial, Queen Anns Co. Md

Date of Burial, August 3rd 1876.

Undertaker, John H. Weaver.

Place of Business, # 22 W. Fayette St

D. W. Cathell *M. D.*
Medical Attendant.

Address 1½ S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 52 4)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Mitchel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 264 N. Bond St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 3rd 1876.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

W. W. Wilkins, M. D.
Medical Attendant

Address 361 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 2 1870 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie O. Knight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 30 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 265 O Charles

Cause of Death, {First (Primary,) Inanition

Second (Immediate,) Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 2d 1870

Undertaker, Armstrong & Conn

Place of Business, 263 Light St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

Date of Death, July 1 - 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mar. Kilmeyer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 52 *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } 42 Clay St

Cause of Death, { First (Primary,) General Debility
Second (Immediate.)

Duration of Last Sickness, 4 to 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Aug 3 - 76

Undertaker, C. Hunkel

Place of Business, 60 Park Ave

Leo L. Rice M. D.
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11935.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 39 Millerman St

Cause of Death, First (Primary,) Disease of the heart

Second (Immediate,) General dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augt 2d 1876

Undertaker, Henry W. Wears

Place of Business, 45 N Gay St

Abram M Amend M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11936 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR AUG 2 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug't 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Albert Gross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 263 Cross St

Cause of Death, {First (Primary,) Artificial Nursing

{Second (Immediate,) Chol Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, Aug't 2d 1876

Undertaker, Wm H. C. Perry

Place of Business, Pratt St

James A Steuart M. D.
~~Medical Attendant~~

Address Commiss'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Gross Mother

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Thiemeier

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} female

Age, three *Years,* and five *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, No 746 W. Lexington St

Place of Death, {Give street and number.} Lexington Street 746

Cause of Death, First (Primary,) Cancer of the eyeball

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 August

Dr F. Reinhardt M. D.
Medical Attendant.

Undertaker, J. Schultheis

Place of Business, 159 Mulberry St *Address* 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11938 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Virginia MacIntosh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Federal Street

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'm

Date of Burial, August 3d 1876

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw st

R. B. Browne M. D.
Medical Attendant.

Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 103 Chestnut St

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, A. Potters Field

Date of Burial, Aug 2 1876

Undertaker, Chas. L. Thurber

Place of Business, Pratt St

Edward F. McDevitt, M. D.
Medical Attendant.

Address 879 E. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 1st 18 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Basnet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighteen *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co, Maryland

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} No 25 Stockholm St

Cause of Death, First (Primary,) ——

Second (Immediate,) Gastritis & Exhaustion

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 2 of August

I. D. Dyer *M. D.*
Medical Attendant.

Undertaker, Jacob [illegible] Davis

Place of Business, No 3 [illegible] St

Address No 146 Hill St Balt. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence May Vallyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* Ten *Months,* Fourteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington DC

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 449 E Eager Street

Cause of Death, First (Primary,)

Second (Immediate,) Scarlet fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 3rd 76

Milton A Taylor M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, cor Forsyth & Monument st Address 108 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11943

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

Date of Death, August 2d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Ahrens.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 4 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61 Conway St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup. Diphtheria.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augt 3rd 1876

Undertaker, Julius Staffel

Place of Business, 754 W Balto St

R. J. H. Tall, M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11943,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Regelud

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 152 Stirling St near Robb

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem Baltimore

Date of Burial, August 3 1876

M. D.
Medical Attendant.

Undertaker, Henry Hoddé *Address* 256 N Eutaw St

Place of Business, 269 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Wm. Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 21 Fell St.

Cause of Death, First (Primary.) Chronic Cystitis from Intemperance

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 3rd 1876

Undertaker, H Fockler

Place of Business, 246 Eastern Ave

James E. Donnelle M. D.
Medical Attendant.

Address 297 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2d 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adalheit Blate

Sex, Male or Female, {Cross out the word not required in this line.} Fe

Age, 66 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 28 yrs

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} St Joseph's Hosp.

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 yrs ?

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Oscar J. Cokery

Date of Burial, August 4 1876 *M. D.*

Medical Attendant.

Undertaker, Kelly Mack

Place of Business, 309 Eutaw St *Address* St Joseph's Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Wisaser

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 11 *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 321 S. Bond St

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) Chol Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Aug 3rd 1876

Undertaker, H. Bokern

Place of Business, 36 Thames St *Address* Comm's of Health & Registrar

James H Steuart M. D.
Attending Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 10 30 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Anna Werner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 73 St. Chapel

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, August 4th

Undertaker, Hendrick Deifel

Place of Business, 1 Bond st

James E Duncan M. D.
Medical Attendant.

Address 2726 Gutherie

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11948 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A. Edward's

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* 20 *Days.*

Color, Colored

~~*Married, Single or Widowed,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, " Life

Place of Death, {Give street and number.} No 8 Castle St

Cause of Death, First (Primary,) Tubercular Meningitis.

Second (Immediate,) ~~8 hrs~~

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, New Asbury Cemetery

Date of Burial, Aug 2nd 1876

Undertaker, John H. Locks

Place of Business, No 59 S. Wolf St

Thomas R. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Aug~~ August 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Wilkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 56 Lee St

Cause of Death, First (Primary,) —

Second (Immediate,) Double Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park by Harford Coates M. D.

Date of Burial, Aug 4th 1876 Medical Attendant.

Undertaker, Armstrong & Sons

Place of Business, 263 Light St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Louis Swidemann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 118 N Calvert Street

Cause of Death, First (Primary,) Suffocation of the Lungs

Second (Immediate,)

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 3 76

Hilton A Taylor M. D.
Medical Attendant.

{*Undertaker,* H. C. Wiedefeld
{*Place of Business,* 118½ N Calvert

Address 108 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wellford

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, 41 — *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Allegany Co. Penna

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number.} 561 East Fayette St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Augt 4th

Undertaker, A. Kohler

Place of Business, 244 E Lombard St

H. S. Hunt M.D.
for Dr. G. G. Rush Medical Attendant.

Address Cr. Batt & Washington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11952,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2 1 a.m. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Reinhoet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Boy

Age, — *Years,* nine *Months,* 24 *Days.*

Color, White *Sex,* Boy

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. No Portland St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 40 Portland St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 3 Aug 1876

Undertaker, J. D. Dill

Place of Business, 183 Columbia St

Thos Hamill M. D.
Medical Attendant.

Address 28 S. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR AUG 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie B. Hartlove

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 119 E. Chester St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Balt. Cemetery

Date of Burial, Aug 3rd 1876

Undertaker, J. Hughes & Co

Place of Business, 658 Broadway *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 3 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Barbara Northeimer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 11 *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 22 years

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 257 S. Durham St

Cause of Death, {First (Primary,) Epileptic Fits — Second (Immediate,) (Subject to them for 28 years)}

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, August 4th 1876

Undertaker, H. Frechtlich

Place of Business, 246 Eastern Ave

Ernest A Hencl M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by, Christian Northeimer Husband

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August. 3d 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. Wm Hamburger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~ *Months,* 24 *Days.*

Color, White *Sex,* Male

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 24 days.

Place of Death, {Give street and number.} South. Durham st. N° 242.

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Monica's Cem'y

Date of Burial, August 4th 1876

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

C. M. Schultze Jr M. D.
Medical Attendant.

Address S.W. cor. Wolfe & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S·A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 11 Mos

Place of Death, {Give street and number.} 15 S. Whalen Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, August 3d 1876

Undertaker, George Lappas.

Place of Business, 191 Virginia Ave.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt. 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stanley Murray

Sex, Male ~~or Female;~~ {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Davis Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage of Lungs

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 26th 1876

Undertaker, W. H. Burgess

Place of Business, East St

James H Heuisler M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Stanley Murray Father

[OVER.]

BE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Gray

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 229 N. McDonough Street

Cause of Death, {First (Primary,) —

{Second (Immediate,) Marasmus

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 4th 1876

Undertaker, W. H. Burgess

Place of Business, East St. *Address* James A Steuart (M. D.) ~~Medical Attendant.~~

Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary A Haywood [OVER.] Sudwk

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Louisa Clabaugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *4 Months,* *18 Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 64 George St Baltimore

Cause of Death, First (Primary,) Gastro enteric

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 4th 1876

Undertaker, Jacob Beaver

Place of Business, No 4 & 6 Druid Hill Ave

W F A Kemp M. D.
Medical Attendant.

Address 55 ½ Greene St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11969

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE.

Date of Death, 3rd August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Peary

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 46 Conway st

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Country

Date of Burial, 4th August 1876

Undertaker, Hyde & Jenkinston

Place of Business, 16 Light St *Address* 57 Barre st

Dr. H. N. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11961

Board of Health, City of Baltimore,

11962

Permit No. ~~11961~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget McLaughlin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty 1 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the ~~City of~~ Baltimore, Twenty Nine years

Place of Death, {Give street and number.} No 5 Warren St

Cause of Death, {First (Primary,) Ascites

Second (Immediate,)

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, St Petes Cem'y

Date of Burial, Aug 4th 1876

Thomas Sappington M. D.
Medical Attendant.

{*Undertaker,* Jos F Byrne

Place of Business, 59 n Liberty St *Address* 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August, 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Sora Bricke

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 26 & Lombard St

Cause of Death, First (Primary,) Spasms

Second (Immediate,) Some twelve hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 4th 1876.

Undertaker, John D. Weaver

Place of Business, # 22 W. Fayette St

A. Krepsherzer M. D.
Medical Attendant.

Address 118 Hyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

Date of Death, Augt 2d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Talbott.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Barnday Ave } Cathedral & Dolphin St

Cause of Death, {First (Primary.) / Second (Immediate,)} contusion to the lung.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Patricks cemetry

Date of Burial, Aug 4th 1876

Geo Ogle Coroner. M. D.
Medical Attendant.

Undertaker, A. F. Scriven

Place of Business, 271 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug- 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Garrett

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} U-S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 10 Wilmore Alley

Cause of Death, {First (Primary.) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 4th

Undertaker, Wm Schilling

Place of Business, No 92 Penna Ave

W W Antrim M.D.
Medical Attendant.

Address 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11965

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3d 187[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml. L. F. Coleen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 11 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 160 Battery Ave

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 160 Battery Ave

Cause of Death, {First (Primary.) Inanition

{Second (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Aug 4th 1876

{*Undertaker,* Armstrong & Penny

{*Place of Business,* 269 Light St

Geo. W. Dorsey M. D.
Medical Attendant.

Address 164 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Gillingwater

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} H. J. Barnes

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,)

Duration of Last Sickness, I believe 4 days - I was called this A.M.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct

Date of Burial, Aug 4 1876

Undertaker, Henry Hoeck

Place of Business, 309 Caroline St

Daniel E Donnelly *M. D.*
Medical Attendant.

Address 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11967

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 19 BALTIMORE

Date of Death, August 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mobark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 years in Balt.

Place of Death, {Give street and number.} Washington St. No 121

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Burying Ground

Date of Burial, 4 August

{*Undertaker,* Wm H. Hickman / Don't know name

Place of Business, 230 Gay St.

H. S. Hunt M. D.
for Dr Rusk
Medical Attendant.

Address 219 E Fra[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Westley Lee -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5-5- *Years,* *Months,* *Days.*

Color, Black - *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia to Md

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} No 176. Front Str

Cause of Death, First (Primary,) Albuminuria. (Bright's Disease with Valvular Disease)

Second (Immediate,) Dropsy - Anasarca. Cavities of chest & abd.

Duration of Last Sickness, Two Months since he stopped work.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4, 1876

W C Van Bibber M. D.
Medical Attendant.

Undertaker, William N. Dunn

Place of Business, No 104 East St *Address* 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 5. P. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} Mc Elderry opposite Patapsco Heart disease

Cause of Death, First (Primary.)

Second (Immediate.)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4th 1876

Undertaker, Wm Ott. Funeral

Place of Business, No 104 East St.

James E Emmette M. D.

Medical Attendant.

Address 297 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hany G. Haken

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 118 Matthew St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Scrofula

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Augt 5th 1876

Undertaker, R. L. Bevan

Place of Business, Balto St *Address* 137 Orleans St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 3rd. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John / Hayes

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Three *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 134 South St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Four Hours

All the above information should be furnished by the Physician

Place of Burial, St. Stephens

Date of Burial, Aug. 4th 76

Undertaker, Michael Lantz

Place of Business, 42 S. Bank

Edward Miller *M. D.*

Medical Attendant.

Address 143 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11972

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1876 4 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Teamster~~ Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 8 Eden St

Cause of Death, First (Primary,) Accident

Second (Immediate,)

Duration of Last Sickness, Three days - under my care two days

All the above information should be furnished by the Physician.

Place of Burial, Friendship Cemetery

Date of Burial, August 6th

Undertaker, Michael Frank

Place of Business, 1 S. 35 Bank Wharf

A Trepp Shertzer M. D.
Medical Attendant.

Address 118 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

Date of Death, ~~Aug~~ ~~July~~ 3 ed 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie E Talbot

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 16 Months, 21 Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 Rabaey st

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4, 1876

Undertaker, J. B. Blackiston's Son

Place of Business, 606 Bate st

H Darley M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE.

Date of Death, Augst 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Max William Grell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 ——— Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore 113 N Washington St

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 113 Washington St. (Second St)

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ———

Duration of Last Sickness, ×

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Ce

Date of Burial, August 4

Undertaker, ———

Place of Business, 78 S Broadway

H. S. Hunt M. D.
for
Dr Rusk
Medical Attendant.

Address 291 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

Date of Death, 4th. August. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Bonzit

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Waldensberg, Kurhessen Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} Canton Avenue 306

Cause of Death, {First (Primary.) Second (Immediate.)} Marasmus senilis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] *Address*

William Henkel M. D.
Medical Attendant.

S. Wolfert. 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eganatem Ruz

~~*Sex,* Male or *Female*~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 91 S. Chappel St.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 91 S. Chappel

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R W Mansfield M. D.
Medical Attendant.

Address 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Johnson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sweeden

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Concussion of Brain
Second (Immediate,) Concussion of Brain

Duration of Last Sickness, 29 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fuld

Date of Burial, Aug 1st

Undertaker, M. & C. Berry

Place of Business, 448 W Pratt St

T. A. Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 11978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *two and four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Grill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E 2 James Lane

Cause of Death, {First (Primary,) Chol Infantis

{Second (Immediate,) Cerebral Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 4th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross St

A. Dr. Dodge M. D.
Medical Attendant.

Address 211 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug 3rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gottlieb Lauterbach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 160 Leadenhall st

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 5th 1876

Mathews M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 95 S Sharp st

Place of Business, Cor Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Cator

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brick manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 Hanover

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Country

Date of Burial, 5th Aug 1876

Undertaker, Hy W. Jenkins & Son

Place of Business, 16 Light St *Address* 154 Hanover

S. Alsted *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward & Elizabeth Alton (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Cranmore St

Cause of Death, {First (Primary,) / Second (Immediate,)} Summer Complaint

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 4th 1876

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Samuel Steva, M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jane Gross Midwife

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11982

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Levin Bert

~~*Sex,* Male or Female,~~ { Cross out the word not required in this line. }

Age, — *Years,* 11 *Months,* ~~22~~ 14 *Days.*

Color, *Sex,* male

~~*Married,* Single, *Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 515 W. Baltimore str

Cause of Death, { First (Primary,) Whooping cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 5th 1876

D. Sutherland M. D.
Medical Attendant.

{ *Undertaker,* Chas. A. Pounder
{ *Place of Business,* No 520 W. Balto st *Address* 137 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Douglass Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty one *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Africa N Y.

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} 573 W. Fayette st

Cause of Death, { First (Primary,) Typhoid fever
Second (Immediate.)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 4th 1876

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* No 496 Druid Hill Ave

E Lovell Cox M. D.
Medical Attendant.

Address 512 W Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11984 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

Date of Death, Aug. 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Barker.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} Bennett st Canton

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Harford County.

Date of Burial, August 5th 1876

J. H. Mantz M. D.
Medical Attendant.

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4 76.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Holmes

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 9 *Days.*

Color, Blk.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 29 Jenkins alley near Dolphin St

Cause of Death, { First (Primary,) imperfect development / Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Aug 4th 1876

G. L. Tanenhill M. D.
Medical Attendant.

{ *Undertaker,* M. & C. Penny
{ *Place of Business,* Pratt 317 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 11987

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d of August 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Schnell

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxonia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 217 Alice Anna St

Cause of Death, {First (Primary,) Intussusceptio; Second (Immediate,) Miserere

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Bon

Date of Burial, August 5 A

Undertaker, Adeline Diffel

Place of Business, 1 Bond St 151

J Flathmann M. D.
Medical Attendant.

Address 245 S. Baltimore St

STATE DEPARTMENT AUG 4 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 3, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Thomas.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 6 *Months,* 10 *Days.*

Color, Black. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Six mos. 10 days.

Place of Death, {Give street and number.} 32½ Hamburg St.

Cause of Death, First (Primary,) Cleanhoea

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Aug 4 1876

Undertaker, M. H. C. Perry

Place of Business, Pratt St

L. Ellicott M. D.

(in the absence of Dr. Worthington) Medical Attendant.

Address Balt. Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Byrne.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S W Cor of Bath & Penn Sts.

Cause of Death, {First (Primary,) Convulsions,

{Second (Immediate,)

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 4th 1876

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address* City.

John I. A. Brown *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Smith

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 7 mo *Years,* 2 *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} McCulloh & Dolphin Sts

Cause of Death, First (Primary,) Stomach Meningitis

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Augusta Georgia

Date of Burial, August 6th 1876

Undertaker, J. H. Heaver

Place of Business, Fayette & *Address* 189 N Howard St

R. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 525

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Florence Skinner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 hours *Years.* ~~Months.~~ ~~Days.~~

Color, White *Sex* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 28 N. Gilmor St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 N Gilmor St

Cause of Death, {First (Primary,) Asphyxia

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 5th 1876

Wm Morris M. D.
Medical Attendant.

{*Undertaker,* Parents

{*Place of Business,* —— *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S·A F E T Y

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1896 BALTIMORE

Date of Death, August 4th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Winternitz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 190 W. Lombard St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate.)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Aug. 6

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt Street.

J. Pennington M. D.
Medical Attendant.

Address Cor Green & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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...Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Wright

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 11 Bros Lane

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)}

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 5 - 76

Undertaker, Jno B. Paulus

Place of Business, 66 Fred Ave

Geo H Dare M. D.
Medical Attendant.

Address 91 Fred Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 11993

Board of Health, City of Baltimore,

Permit No. 11993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Sauerkop

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 263 S. Ann St.

Cause of Death, First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemet

Date of Burial, Augt 6th 1876

Undertaker, Henry Bend

Place of Business, 236 Aliceanna *Address* Commrs of Health & Registrar

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

No. 11994

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11994 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1896 BALTIMORE

Date of Death, August 4th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frisby Hamilton

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Annis Co Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 Morris Alley

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Date of Burial, August 4th 1896

Place of Burial, Laurel Cemetery

Undertaker, Wm H Bishop Jr

Place of Business, 100 Druid Hill Ave.

A. H. Smith M. D.
Medical Attendant.

Address 87 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11995

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Wild.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 Johnson St.

Cause of Death, First (Primary.) Cholera Infantum.

Second (Immediate.)

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 6 1876

Undertaker, C. F. Krause

Place of Business, 209 Hanover

R. J. H. Tall, M. D.
Medical Attendant.

Address 15 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in this city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Annie Dicky

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line,}

Age, — *Years,* — *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 209 Preston

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, 5th Aug.

Undertaker, P. Kinnard

Place of Business, 317 Mulberry St.

J. G. Miller *M. D.*
Medical Attendant.

Address 89 N Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11997

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11997.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 BALTIMORE

Date of Death, August 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Watkins Ogle

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* — — *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} (North) 78 Fremont st

Cause of Death, {First (Primary,) Umbilical hemorrhage

{Second (Immediate,) " "

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 6th Aug.

Undertaker, P. Kühnert

Place of Business, 311 Mulberry St. *Address* 98 N Greene St.

John D Pennington, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sutton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Seventy one *Years,* Seven *Months,* fifteen *Days.*

Color, *Sex,*

Married, ~~Single,~~ *Widow* ~~or Widower~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Forty eight years

Place of Death, {Give street and number.} 194 E. Pratt St.

Cause of Death, First (Primary,) Gastro enteritis

Second (Immediate,) Asthenia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 4th 1876

John S. Lynch M. D.
Medical Attendant.

Undertaker, W. A. Haiger

Place of Business, 74 S Broadway *Address* 194 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 8. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of such deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11999

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11999 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Hook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* Seven *Months,* ov *Days.*

Color, White *Sex,* F.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 251 Argyle Avenue

Cause of Death, First (Primary,) Eclampsia

Second (Immediate,) Uremic coma

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loden Park

Date of Burial, 7 Aug

Silas Baldwin M. D.
Medical Attendant.

Undertaker, J. J. Chapman

Place of Business, 1262 Penn Ave Address 131 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, age, color and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of stillbirths and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md 4 mos. Church pr

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 24 Red Church

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 5 76

Undertaker, H W Shaw

Place of Business, 191 N Howard St

Attended M. D.

Medical Attendant.

Address 57 N. Church St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 P.M. 4th August, 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Irma Kuhn

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 2 3 *Years,* 1 *Months,* 2 1 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, Teacher of the use of sewing Machines

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 23 yrs 1 month & 21 days

Place of Death, { Give street and number. } 406 W. Fayette St, Balt. City

Cause of Death, { First (Primary,) Typhoid Fever / Second (Immediate,) " "

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 7 August

{ *Undertaker,* Peter Kummert / *Place of Business,* 317 Mulberry St } *Address* 83 Franklin St

Wm. J. Worth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Requested to the Remarks Below, and to List of Diseases on Back

This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. Jas. Parker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 2 *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 4 Redman's court

Cause of Death, First (Primary,) Typhus fever

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wm. H. Cemetery

Date of Burial, Augus 5 76

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.
Medical Attendant.

N. W. Cor

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lowe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 10. *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 344 E Eager St

Cause of Death, {First (Primary,) Pertussis / Second (Immediate,) Pneumonia}

Duration of Last Sickness, 21. days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 5 1876

Undertaker, Crudup

Place of Business, 514 E Broadway

Thurston Cook M. D.
Medical Attendant.

Address 146 Hanover St

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(transit 528)

[over.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C[illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 12004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

Date of Death, August 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Rupp

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* [blank] *Months,* [blank] *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 342 Orleans

Cause of Death, First (Primary.) Teething

Second (Immediate.) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mathai's Cem.

Date of Burial, August 5th 1876.

Undertaker, H. Hofmann.

Place of Business, 63. N. Eden St. *Address* 863 Fayette Ave

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12005

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Doran.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Dairywoman.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, { Give street and number. } 30 Lemberry Alley.

Cause of Death, First (Primary,) Typhoid fever.

Second (Immediate,) Typhoid effusion, the result of Continued debility.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, August 6

Undertaker, J B Cook

Place of Business, 707 ast Baltimore *Address* / Calhoun St

W. H. Taylor *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12006

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12006

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margretta Sitten

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 139 Gay st

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, Sip Months

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, J. D. Stewart

E. G. Baldwin *M. D.,*
Medical Attendant.

Undertaker, X 5th 1876

Place of Business, Clay & Park Sts *Address* 12 Lin Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12007

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Dolan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 6 *Months,* 2 *Days.*

Color, Blk *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, 6 months 12 days

Place of Death, { Give street and number. } 114 Rose St. Balto.

Cause of Death, First (Primary,) Malnutrition,

Second (Immediate,)

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, August 5th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw st *Address*

G. M. Rowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12008

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonzo Dickerson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* _____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 S. Chester St

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Augt 6th 1876

Undertaker, Hughes & Co

Place of Business, Broadway

James A Steuart M. D.

Attending Physician

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1876 BALTIMORE

Date of Death, August 4. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* One *Month,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} # 360 E. Pidcock St.

Cause of Death, First (Primary,) Syphilitic Eczema

Second (Immediate,) —

Duration of Last Sickness, ~~One~~ Since birth

All the above information should be furnished by the Physician

Place of Burial, Cecil Co.

Date of Burial, Aug. 7th 1876

Undertaker, Wm. H. Hickman

Place of Business, 2340 Gay St.

A. Hartman & Son M. D.'s
Medical Attendants

Address # 303 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 529

[OVER.]

No. 12010

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1876 3 A M

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } F Winfield P Courtney

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Stood in Market, Anckster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, for 10 yrs.?

Place of Death, { Give street and number. } 80 Pine st

Cause of Death, { First (Primary,) Obscure

{ Second (Immediate,) Asthenia, } Only saw him a short time before his death and can get no intelligent history of his case

Duration of Last Sickness, bet 2 & 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 6th 1876

Undertaker, W. H. Hickman

Place of Business, 234 N. Gay st

R. Winslow M. D.

Medical Attendant.

Address 234 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Dodson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* 5 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1. George St

Cause of Death, First (Primary,) Jenrio Fell health

Second (Immediate,) Diphtheria

Duration of Last Sickness, 5 or 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 6th 1876

Undertaker, John Mueller

Place of Business, No 150 Canton

Address

W. P. [illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12012

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Howards

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 40 Hull Lane

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Mc Elderry st

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 6 1876

Undertaker, Wm H Dungle

Place of Business, No 104 East st *Address* 134 N High st

D. F. Boyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the name, age, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12013.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

Date of Death, August 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elsie Hare

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — — *Years,* Ten *Months,* — — *Days.*

Color, White *Sex,* — —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, — — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and number.} No. 20 Woodyear St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Balto Co Md

Date of Burial, August 6th 1876.

Undertaker, John Lloyd

Place of Business, Woodberry Md.

E. M. Reid M. D.
Medical Attendant.

Address 245 N. Fremont St. Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 12814

Board of Health, City of Baltimore,

Permit No. 12014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

Date of Death, August 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm John Sykes

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 4 *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 184 Warren St.

Cause of Death, {First (Primary,) Teething

{Second (Immediate,)

Duration of Last Sickness, 2:1 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 6 1876

Undertaker, J W Slade

Place of Business, 166 Caroline St Address

James A Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12015 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* 15 *Months,* ~~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 106 St Anne Street

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) convulsions

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Edenshall Hebrew Congregation

Date of Burial, Aug 6th 1876

Undertaker, Wm Eilau

Place of Business, 101 Gough Street

A Friedenwald M. D.

Medical Attendant.

Address 88 St Paul Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the [illegible] age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12016

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stefphania Purnell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Pearce St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, August 6 76

Undertaker, J. W. Chase

Place of Business, 41 E Howard St

J. C. Keller, M. D.
Medical Attendant.

Address 87 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Turner

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 5 *Months,* 19 *Days.*

Color, col *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Island

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 49 Burgundy Alley

Cause of Death, First (Primary,) Protracted Sour

Second (Immediate,) Diarrhea & Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 6th 1876

Undertaker, W. H. Miller

Place of Business, 194 W. Pratt St

A. H. Gotham M. D.
Medical Attendant.

Address 166 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 12018

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Maier

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 28 *Years,* 11 *Months,* — *Days.*

Color, *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 21 N. Eutaw St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Hemorrhage } of lungs —

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Augt 7th 1876

Undertaker, C. A. Kunkel

Place of Business, 60 Park Av.

Wm Ultzmann M. D.
Medical Attendant.

Address 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hutchings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Four *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 9 Shuter Street

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} No 9 Shuter Street

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,) Dyspnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, August 6th 1876

Undertaker, John W. Leeks

Place of Business, 27 S Wolfe St

W. D. O'Reilley M. D.
Medical Attendant.

Address 235 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Date of Death, August 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Barton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 14 Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 136 N. Durham St.

Cause of Death, First (Primary,) Bronchitis Capillary

Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Aug 5th 1876

Undertaker, John W. Lord

Place of Business, 57 S. Wolfe St

Francis A. Sauer M. D.
Medical Attendant.

Address 133 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12021.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mauser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 10 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pittsburg Penn.

Duration of Residence in the City of Baltimore, 8 Yrs.

Place of Death, {Give street and number.} 62 Johnson st

Cause of Death, {First (Primary.) Second (Immediate,)} Dentition

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, August 7/876.

Undertaker, Geo Shilling

Place of Business, Cor Augusta Ave

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.].

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12022.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

Date of Death, August 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Isaac Dobbs Emery

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ~~Years,~~ 5 Months, 28 Days.

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 5 28/30 months

Place of Death, {Give street and number.} 49 Oxford St

Cause of Death, {First (Primary.) Tuberculer Meningitis

{Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug 6th 1876

{*Undertaker,* Wm Sams Jr

{*Place of Business,* 63 Mulberry St

Keith McEachron *M. D.*
Medical Attendant.

Address 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12023 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

Date of Death, Aug. 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Buttner

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 1 *Months,* 6 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 73 N. Wolfe

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas' Cem. P. G. Dawes M. D.

Date of Burial, August 7th Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] St. *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

Date of Death, Aug 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 35 years

Place of Death, {Give street and number.} 83. N. Amity

Cause of Death, {First (Primary.) Ulcer of the Stomach

{Second (Immediate,)

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Pattex Cemetery

Date of Burial, August 7

Undertaker, P B Cook

Place of Business, 707 West Baltimore St

John F. Buchanan M. D.
Medical Attendant.

Address 279 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1976 BALTIMORE

Date of Death, Aug 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Hummer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 51 S. Caroll Avenue

Cause of Death, First (Primary,) ———

Second (Immediate,) General Convulsions.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, August 6th

Undertaker, Catherine Riffle

Place of Business, 1 Baud st ——— *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th August 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ackerman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 9 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 918 Cathedral Street

Cause of Death, {First (Primary,) Pthisis tuberculosis

{Second (Immediate,) Chronic nephritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cem.

Date of Burial, August 7th

Undertaker, Wm. Diffenderffer

Place of Business, 1521 Boyd St. *Address* 2958 N. Milton Ave.

J. Statham M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower: {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 38 Hillman St

Cause of Death, First (Primary,) ____

Second (Immediate,) Stomatitis

Duration of Last Sickness, Since the birth

All the above information should be furnished by the Physician.

Place of Burial, Old cathedral

Date of Burial, 6 Aug 5 Oclock

Jno Burke Boyle *M. D.*
Medical Attendant.

Undertaker, Geo E. Rodenmayer

Place of Business, 38 Eason St *Address* 166 E. East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Augusta Smyser

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 8 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shrewsbury York County Pa

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 85 Argyle avenue

Cause of Death, First (Primary,) Nephritis following Scarlatina

Second (Immediate,) Oedema Pulmonum

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Hanesbery Pennsylvania

Date of Burial, aug 7th

Undertaker, C. A. Blizzard

Place of Business, 201 Penna. ave

J. E. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit 530

Board of Health, City of Baltimore,

Permit No. 12029. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Talbot

HEALTH DEPARTMENT AUG 6 1976 BALTIMORE

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Keeping Boarding House

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Delaware.

Duration of Residence in the City of Baltimore, ten years

Place of Death, {Give street and number.} N 74 Saratoga St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart-disease

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 7th

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St *Address* N 114 Park Ave.

F. H. Thatard M. D.

~~Medical Examiner.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

3514

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S. Bowes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* Five *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 51 N. Dallas St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 N. Dallas St

Cause of Death, First (Primary,) Internal impries & Exposure

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud cemetery

Date of Burial, Aug 6 1876

Undertaker, William Hemige

Place of Business, 110 104 East Mt *Address* 183 E. Monument St

Charles S. Bowes **M. D.**
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Gruntz

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* ..... *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chesnut 2184 Baltimo.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chesnut 2184

Cause of Death, First (Primary,) Teething hot weather remonstrant

Second (Immediate,) Dysentery

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 7th 1876

Undertaker, W. H. Lange

Place of Business, No 104 East St.

Edw Bartlett M. D.
Medical Attendant.

Address 12 Hon Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Kuhn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 27 Amstead Lane

Cause of Death, First (Primary,) Cholera Infantum Complicated

Second (Immediate,) with Whooping Cough

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 7th

Undertaker, C. Markhausen

Place of Business, 1345 Light St

O. A. Cook *M. D.*

Medical Attendant.

Address 20 Lee & Bowen St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his cognizance, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12033 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Melzer

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 Sharp St

Cause of Death, First (Primary,) Stomatitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Com

Date of Burial, Aug 7th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross St *Address* 154 Sharp St

S. Johnson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12034

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Nafel,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 561 E. Fayette St.

Cause of Death, {First (Primary.)} Insanus ascitum

{Second (Immediate,)} Of Lung Fever

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Aug 7th 76

Undertaker, A. Köhler

Place of Business, 244 E Lombard

C. Glanville Leek M. D.
Medical Attendant.

Address Balto Med. Col.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Watson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 3 *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 N Chapel st.

Cause of Death, First (Primary,)

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, about 17 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem by Wm L Kunkel M. D.

Date of Burial, Aug 7th 1876 Medical Attendant.

per E. J. Kunkel

Undertaker, Jas P Byrne *Address* cor Broadway & Madison

Place of Business, 13 N Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of [illegible]

12036

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie E Meraditte

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 4 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 133 Hamburg St

Cause of Death, { First (Primary,) Scarlitina Maligna

Second (Immediate,) 14 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 7 th 1876

Undertaker, Smith & Dunn

Place of Business, 263 Light

H. B. Noble M. D.
Medical Attendant.

Address 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Mears

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 6 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 367 N Broadway

Cause of Death, {First (Primary,) Capillary Bronchitis.
Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augs 6th 1876

Undertaker, Henry W Mears

Place of Business, 415 N. Gay St

F. A. Warner M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Carson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 ~~Years~~ years, *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 80 S. Republican St

Cause of Death, First (Primary.) Old age

Second (Immediate.)

Duration of Last Sickness, 1 week 12

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 8

Undertaker, J B Cook

Place of Business, 107 West Baltimore St

H. L Speer M. D.
Medical Attendant.

Address 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the reverse side.

Board of Health, City of Baltimore,

Permit No. 12139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Yeowell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 133 Hanbay St

Cause of Death, { First (Primary,) Scarlitina Maligna
Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 7th 1876

Undertaker, Smith & Lemmon

Place of Business, 263 Light St *Address* 17 Hanover av

H. B. Nolle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Barbara Dietz - (Twin)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 209 Preston St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Premature Birth

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, H. Woodlawn

Date of Burial, 9th Aug

Undertaker, P. Kinnamon

Place of Business, 317 Mulberry St

D. G. Keller, *M. D.*
Medical Attendant.

Address 87 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of Blanks on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Pueter

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City since birth

Duration of Residence in the City of Baltimore, 92 Pearl st

Place of Death, { Give street and number. } Indigestion

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 7th Aug 1876

Undertaker, T. Kummel

Place of Business, 311 Whilliam St. *Address* 98 N Greene St.

De Lus D Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellis B Long

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 1 *Months,* 16 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 187 Bolton St

Cause of Death, {First (Primary,) Organic Disease of Heart

{Second (Immediate,) Congestion of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Dr. E. Cloquet M. D.

Date of Burial, August 8th 1876 Medical Attendant.

Undertaker, Jacob Weaver *Address* 18 S Eutaw St

Place of Business, No 476 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pembroke Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Residence 391 E Pratt - Drowned in dock

Cause of Death, {First (Primary.) Accidental / Second (Immediate.) Drowning}

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 7th 1876

Undertaker, Heughs & Co

Place of Business, 65 S Broadway

Edmund R Walker M. D.
Medical Attendant.

Address Coron. B. C. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Anna Bode

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 258 Light St

Cause of Death, { First (Primary,) Ty-Pho Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 3½ Day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 8th 1876

{ *Undertaker,* Winstrip Bro

{ *Place of Business,* 263 Light St

Noble & Webster M. D.
Medical Attendant.

Address Warren & Bare Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12045 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sykes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68. *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number.} 42. Hamilton St

Cause of Death, {First (Primary.) —— Second (Immediate.)} Intussusception of the Bowels

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemet.

Date of Burial, Aug 8th 1876

Undertaker, Amty Denny

Place of Business, 263 Light St

Thos Buck M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO THE LIST OF INFECTIOUS DISEASES ON THE OTHER SIDE.

Board of Health, City of Baltimore,

Permit No. 12046.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 46 S. Bethel

Cause of Death, First (Primary.) Double Pneumonia and

Second (Immediate,) Ecclampsia

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, U. H. Cemetery

Date of Burial, August 7th

Undertaker, Geo Eban

Place of Business, 101 Gough St

James C. Dorsett M. D.
Medical Attendant.

Address 292 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12047

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cole,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 233 Jefferson St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Congestion of brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, August 8th 1876

Undertaker, W. A. Daigh

Place of Business, 49 S. Eutaw St

G. G. Rusk M. D.
Medical Attendant.

Address Balt. & Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Elsie Kersting~~ 6th August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Kersting

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 6 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Lombard Street 15

Cause of Death, {First (Primary.) Whooping cough. Pneumonia / Second (Immediate.) Convulsions}

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 7th August

Undertaker, Christ. Glantz

Place of Business, 59 Frederick St

Dr. F. Reinhard M.D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Freddie Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.,

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} #. 48 Lancaster St.

Cause of Death, {First (Primary,) Enteral Convulsions

{Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem'y John H. Ruhberg M. D.

Date of Burial, August 7th/76 Medical Attendant.

{*Undertaker,* Address 2143 Alice Anna St.

{*Place of Business,* 238 Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12050

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Freitag

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* 8 *Months,* 21 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 177 S. Chopstank st.

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Asylum as Cem. *Date of Burial,* Aug. 8

Undertaker, Hewett & Dyer

Place of Business, S. Bond st. 151

Pierre G. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th. August 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Börnemann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* 10 *Days.*

Color, white

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hersfleth near Bremen, Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} S. Dallasstraße Nro 81.

Cause of Death, {First (Primary,) Second (Immediate,)} Marasmus senilis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Augt. 8

Undertaker, Heinrich Lifgat

Place of Business, S. Bond St. 151

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12,152.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1876 BALTIMORE.

Date of Death, Augt 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S Bingham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canada & Md

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} No 291 Franklin & Balto

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, Aug 7

Undertaker, W H Blizzard

Place of Business, 201 Penn av

[illegible] M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 1. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1916 BALTIMORE

Date of Death, Aug. 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry D. Hanson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 22 *Months,* ____ *Days.*

Color, White *Sex,* Male

~~*Married*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elkton. Md.

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} 201 Constitution St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Silas N. Hunter M. D.

Date of Burial, Aug. 8th 1876 Medical Attendant.

Undertaker, John J. Rodenmayer.

Place of Business, Cor Greenmount Ave and Monument St. *Address* 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12054

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Weaver Clabaugh

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 4 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 George St Baltimore

Cause of Death, First (Primary,) Ulcerated throat

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, August 8th 1876

Undertaker, Jacob Weaver

Place of Business, No 4x6 Druid Hill Avenue

W F Kemp M. D.
Medical Attendant.

Address 55 Holyoke St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 12057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

Date of Death, Aug. 4, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} now Washington D. C.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} 343 Howard St North

Cause of Death, First (Primary,) Ovarian Tumor.

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 7th 1876

Undertaker, Wm H Bishop Jr.

Place of Business, 100 Druid Hill Ave.

J. W. F. Stark M. D.
Medical Attendant.

Address 118 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to BLANK [illegible]

Board of Health, City of Baltimore,

Permit No. 12,056 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E. Hinson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} 1

Age, Years, 18 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 S. Dysham st.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Augt 7th 1876

Undertaker, J. Kemper

Place of Business, Baltimore st.

M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Jackson

Sex, ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.}

Age, Four — *Years,* five *Months,* Thirteen *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 370 N. Durham st.

Cause of Death, {First (Primary,) Scarlatina Anginosa

{Second (Immediate,) Inflammation of the Lungs

Duration of Last Sickness, three weeks and six days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown P.S. Ground

Date of Burial, Aug 8, 76

Undertaker, Murphy

Place of Business, 414 N Broadway

M. B. Billingslea M. D.
Medical Attendant.

Address Cor. Harford Ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 12058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1915 BALTIMORE

Date of Death, Aug 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredk Wm Weishaar

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 269 Preston St.

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August ~~6~~ 8th 1915

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Ave

H. H. Keller M. D.
Medical Attendant.

Address 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG
8
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helen Harrison

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, One *Years,* ~~Months,~~ ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number. } Union Prot Infirmary

Cause of Death, { First (Primary,) Consumption of Lungs / Second (Immediate,) }

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Londenpark

Date of Burial, Aug 8th

Chas Fawcett M. D.
Medical Attendant.

Undertaker, Andrew Toole

Place of Business, 118 Middle *Address* 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Knight

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23. *Years,* 6. *Months,* 23 *Days.*

Color, White

~~Married~~, *Single,* ~~Widowed or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth & 6 years

Place of Death, {Give street and number.} 1146 Bolton St.

Cause of Death, {First (Primary.)} Valvular Disease of the Heart

{Second (Immediate.)} Phthisis

Duration of Last Sickness, 21 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, August 9th 1916

Undertaker, Armstrong & Berry.

Place of Business, No. 43 Light St.

Alfred Gorter M. D.
Medical Attendant.

Address 1146 Bolton St

AUG 8 1916 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the time and place of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 12061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th August 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ernest Conrad Mayfield

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Child

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and number. } 298 Cross St

Cause of Death, { First (Primary,) Malnutrition / Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodbine Cemetery Baltimore County

Date of Burial, August 9th 1876

Undertaker, J B Carter

Place of Business, No 704 W Baltimore Street *Address*

Henry Hood *M. D.*
Medical Attendant.

298 Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Issued 5 3 2)

[OVER.

Board of Health, City of Baltimore,

Permit No. 12062 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Juliette Virginia Ryan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Eight

Place of Death, { Give street and number. } 344 W. Fayette St.

Cause of Death, { First (Primary,) Enteritis

{ Second (Immediate.) Peritonitis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Virginia

Date of Burial, Aug 9th

Thomas Opie M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ship Smith & Ornamental *Address* 39½ W. Fayette St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 1533)

[OVER.

Board of Health, City of Baltimore,

Permit No. 12063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louey Kruse

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 56 S Bethel

Cause of Death, First (Primary.) Diphtheritic Croup

Second (Immediate.) Exhaustion

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician

Place of Burial, Mount Lenity

Date of Burial, August 8th

Undertaker, Michael Funk

Place of Business, 55 Bank

C. L. Wilson M. D

Medical Attendant.

Address 69 S Gratz

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 12064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Miller

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color, White 14

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Belair Road Balto Co,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 151 S. Chapel

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Aug. 8 76

Undertaker, Robert Funk

Place of Business, 1108 Canton

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* 5 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 373 Light St.

Cause of Death, First (Primary.) Consumption

Second (Immediate.) Several Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, August 9th 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

R. E. Lee M.D.
Medical Attendant.

Address N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} East Shadbe Finnessey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kragos, Norway

Duration of Residence in the City of Baltimore, Over (1) Year

Place of Death, {Give street and number.} 36 Thames St.

Cause of Death, {First (Primary,) Dysentery / Second (Immediate,) Exhaustion

Duration of Last Sickness, About two (2) Weeks

All the above information should be furnished by the Physician

Place of Burial, St. Paul. Cemetery

Date of Burial, August 7. 1876

Undertaker, F. Burton

Place of Business, 36 Thames St.

J. L. Wilkerson M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE ST... OF PHYSICIAN IS RESPECTFULLY INVITED TO THE RESTRICTIONS...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12.067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm S Earle's

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ~ *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 159. Alice Anna St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician

Place of Burial St Patricks County

Date of Burial, Aug. 8 1876

Undertaker, Ry Schultheis

Place of Business, Monument St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from father.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Alexander

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Treasurer of a Mining Company.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis,

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, First (Primary,) Infl. of bowels

Second (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Country

Date of Burial, 9th August 1876

Undertaker, Wm. Jenkins Son

Place of Business, 16 Light St *Address*

J Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The S... OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW; AND TO THEIR ...

Board of Health, City of Baltimore,

Permit No. 12069

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Date of Death, Aug 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Matuseki

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia - one year

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 257 St. Ann Street

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Chol Infantum

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, St. Michael Cem

Date of Burial, Aug 9th 1876

Undertaker, Family

Place of Business,

James A Lewis M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Mary Belner Friend

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Date of Death, Augt 7 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} an infant 2 hours old (Jno Wollman Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female (mother) Bertha R. Cooper

Age, 2 hours *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~

Occupation, ~~Married~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, {Give street and number.} 62 Homestead Cor. Bonsher Ave

Cause of Death, First (Primary,) (Attended by a Midwife)

Second (Immediate,) unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemy. R. F. Guard

Date of Burial, August 8. 1876.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St *Address* 222. East Baltimore St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Date of Death, Aug — 7 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — Years, — 1 — Months, — 7 — Days.

Color, — Mulatto — *Sex,* — Female —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, — City —

Place of Death, {Give street and number.} 1 Sewell St —

Cause of Death, First (Primary,) — Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 8th 1876

Undertaker, W. H. P. Stillman

Place of Business, 65 Mulberry St.

M. D.
Medical Attendant.

Address Carrollton Ave and Laurel St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12072

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th August 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Hoffmann ~~76 yrs~~

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Wife of M. Georg Hoffmann

Occupation, Basket makerin

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Widen Kingdom Bavaria ~~Wirtemberg~~ Germany.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 215 S. Bond Street Baltimore

Cause of Death, First (Primary,) Consumpt

Second (Immediate,)

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls ~~Potters Field~~ Cemetery

Date of Burial, ^ Aug 9th 1876

E Hamel M. D.
Medical Attendant.

Undertaker, Geo. Sander

Place of Business, 282 Aisquith St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fossett Diamond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ~~0~~ *Months,* Six *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Jefferson St. east of Castle (House not numbered)

Cause of Death, First (Primary,) Hydrocephaloid

Second (Immediate,) Coma

Duration of Last Sickness, Seventeen days.

All the above information should be furnished by the Physician.

Place of Burial, Dunnant Cem

Date of Burial, Aug 6. 1876

John S. Smith M. D.
Medical Attendant.

Undertaker, John J Robinson

Place of Business, N E Cor Dunnant Ave & Monument St *Address* 1911 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Brooks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Sex,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, W P Fuld

Date of Burial, Aug 7th

T. A Ashby M. D.
Medical Attendant.

Undertaker, H & C Dorsey

Place of Business, 644 W Fayette st *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 12075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Date of Death, Aug 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kreis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ Months, ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 141 Clyw St

Cause of Death, {First (Primary.) Lockjaw / Second (Immediate.) ~~Chronic~~ Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Buriql, St. Alphonsus

Date of Burial, Aug 9th 1876

Undertaker, H. Hoeck

Place of Business, 309 N. Central Ave *Address*

James A Steuart M. D. (Medical Attendant)

Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7. Aug. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fenna

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 9. 1876

Undertaker, Saml Bowers

Place of Business, 156 Division St

Marbury Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos A Rule

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Packerman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 36 a. h. Howard st.

Cause of Death, First (Primary,) Scarlet

Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 8th 1876

Undertaker, William A Zell

Place of Business, 65 Mulberry St

Thos Dixon M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

Permit No. 12078

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angeline Victoria Warren

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress - Married

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 110 North Exeter st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 8th 1876

Undertaker, William A. Dunn

Place of Business, No 104. East St. *Address* 133 N. Eutaw st

Justus Clemens M. D.
Medical Attendant.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Daily~~ August 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Anderson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, Col

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.} Sex, male

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 151 Peace St

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, 2 " months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 9th 1876

Undertaker, Wm A. Dunn

Place of Business, No 104 East St. *Address* 98 N Green St.

D Pennington M. D.
Medical Attendant.

HEALTH DEPARTMENT AUG 8 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12080

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Washington Author.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 86 Ridgely St.

Cause of Death, {First (Primary,) .....
{Second (Immediate,) The effects of delivery

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 8

Undertaker, Arnold Winn & Denny

Place of Business, No 263 Light St

R. J. N. Tull M. D.
Medical Attendant.

Address 158 Sharp St.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Date of Death, Aug 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Yellow *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Marion St.

Cause of Death, First (Primary,) Scarlet Fever, Cholera Infantum

Second (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, August 8th

Undertaker, J. G. Jordan

Place of Business, 63 Park Ave

H. P. Magruder M. D.
Medical Attendant.

Address 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12082 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Pemberton.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset Co. Md.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} 60 Gough St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug. 9.

Undertaker, Peter Frey

Place of Business, 91 Eastern Av.

G. Glanville, Rusk M. D.
Medical Attendant.

Address Balt. & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Adams.

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female.

Age, ——— *Years,* 6 *Months,* 9 *Days.*

Color, White *Sex,* Female.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single.

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 89 McElderry's Wf.

Cause of Death, { First (Primary,) Lobular Pneumonia.
{ Second (Immediate,)

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, Aug 9th 1876

Undertaker, Thos J Hughes

Place of Business, 60 E. Balto *Address*

Jno. F. Powell M. D.
Medical Attendant
126 Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

Board of Health, City of Baltimore,

Permit No. 12084

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Date of Death, August 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Weigert

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~ Years, ~~ 6 ~~ Months, ~~ 24 ~~ Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 63 Castle St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Effusion in Brain

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~St Michael~~ Cemetery

Date of Burial, August 9th 1876

Undertaker, John Groom

Place of Business, 77 S. Wolf st

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Lohuis

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 16 Wolfe st between Johnson Hoffman

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alp's Cem P. G. Dausch M. D.

Date of Burial, Wed Aug 9th 4 P.M. Medical Attendant.

Undertaker, John Brant

Place of Business, 79 S. Wolfe St. *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Stanley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 190 Warner St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, 7 of August

Undertaker, Jacob Davis

Place of Business, 103 Lee St

R. M. Hall *M. D.*
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7 — 1876 —

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dora Jones

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 12 *Days.*

Color, African — *Sex,* Female —

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 97 Harris Alley —

Cause of Death, { First (Primary,) Chlera Infantum

Second (Immediate,) Convulsion —

Duration of Last Sickness, two weeks —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. A. B. Sellman M. D.

Medical Attendant.

Date of Burial, Aug 9th 1876

Undertaker, Wm A. Dunn *Address* Carrollton Ave Laurel Rd

Place of Business, No 104 East St.

Extract from Regulations of the Board of Health to secure a prompt and correct record of Vital Statistics on the Books and Files of Said Office.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

Date of Death, August 8th 2.30 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Hecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Dry Goods Store

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Hessen

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 162 S. Broadway

Cause of Death, First (Primary.) Anthrax of Carbuncle

Second (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Carrie Cemetery

Date of Burial, Thursday Aug 10th

Undertaker, Chas Corgan

Place of Business, 5 Forest St

James E Ducatte *M. D.*
Medical Attendant.

Address 292 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Williams

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5-8 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } No 27 Hudson Alley

Cause of Death, { First (Primary,) Dysentery / Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 9th 1876

W R Carroll M. D.
Medical Attendant.

{ *Undertaker,* Chas T Scruin
{ *Place of Business,* 271 W Eutaw St *Address* Woodberry Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12090

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

Date of Death, August 8.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Thomas Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 27 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, From his birth

Place of Death, {Give street and number.} 49 W Baltimore St

Cause of Death, {First (Primary.) Scarlatina

{Second (Immediate,) Bronchitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 10. 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover

Milton Hammond M. D.
Medical Attendant.

Address 53 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12091

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE.

Date of Death, August 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Joseph Love

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* nine, *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 48 Hillin

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 Hillin

Cause of Death, First (Primary.) Convulsion

Second (Immediate,) Organic disease of brain

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Batt cemetery

Date of Burial, 9th Aug 2 Oclock

Undertaker, George C Rodeman

Place of Business, 37 Penn Ave

G. K. Dayson *M. D.*
Medical Attendant.

Address 18 Fitzgerald

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Euphrosyne Boudar

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 315 Mulberry St

Cause of Death, First (Primary,) Fracture of the Skull

Second (Immediate,) Comp. of Brain

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cimetery

Date of Burial, Aug 9th/76

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St *Address*

I. H. Buder M. D.
Medical Attendant.

" —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12093

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

Date of Death, augt 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Dowe

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, " "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} No 12 Bath St.

Cause of Death, First (Primary.) Disease Heart

Second (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cimetery

Date of Burial, Augt 9th 1876

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

C H Nelson *M. D.*
Medical Attendant.

Address 23 Franklin Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y F I

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No name } Emma E. Israel / Phillips H. Israel / Parents

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Forty two hours ~~Days.~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 243 Linden Avenue Balto Co

Duration of Residence in the City of Baltimore, 42 hours

Place of Death, {Give street and number.} No 243 Linden Avenue

Cause of Death, First (Primary,) Non Viability

Second (Immediate,) Convulsions

Duration of Last Sickness, Premature birth of six months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 9 1876

Undertaker, Parents

Place of Business,

H Stan M. D.
Medical Attendant.

Address No 16 E. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, corrected as regards age of children and decedes of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

Date of Death, August 8th,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Ebenburg

~~*Sex, Male* or *Female,*~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 19 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 142 the Elderry mansion

Cause of Death, { First (Primary,) Cyctenna dentit. / Second (Immediate,) Pettoneitis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Aug. 9th 1876

Undertaker, H. Schultheis

Place of Business, Monument *Address* 137 & Fayette St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a [illegible] setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12096

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1916 BALTIMORE

Date of Death, August 8th, 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Sidney Grey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* One *Month,* *Days.*

Color, *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 229 Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 Cherry St

Cause of Death, {First (Primary,) Bronchitis Acute

Second (Immediate,) Abscess in neck

Duration of Last Sickness, Twenty three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Aug 9 16

Undertaker, Cemetery

Place of Business, 824 N Broadway

W. W. White M. D.
Medical Attendant.

Address 724 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under this notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12097

Permit No. ~~12097~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Rose Hogan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. —

Place of Death, {Give street and number.} 53 Hillen

Cause of Death, First (Primary,) Inf Convulsions —

Second (Immediate,) ____

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, August 9 1916

Undertaker, James P Byrne

Place of Business, 1103 N Front St

Geo. B. Reynolds M. D.
Medical Attendant.

Address 54 N. Calvert —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12098

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bella M. Price Weishampel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Seven Months, Fifteen Days.

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Mo 15 days

Place of Death, {Give street and number.} N E Cor Fayette & Gilmore

Cause of Death, First (Primary,) Dysenteric Diarrhea

Second (Immediate,) Convulsions

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 10th 1876

Undertaker, I B. Cook

Place of Business, W Balt St

Elias C Price M. D.
Medical Attendant.

Address 262 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12099

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Florence Skinner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (A. A. Co)

Duration of Residence in the City of Baltimore, Abt 15 Years

Place of Death, {Give street and number.} 70 N. Gilmor

Cause of Death, First (Primary,) Rheumatic Fever

Second (Immediate,) Inflammation of the Brain

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Augt 10th 1876

Undertaker, Hughes & Co

Place of Business, Fayette St

John Morris M. D.

Medical Attendant.

Address 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 6 Tyson Street

Cause of Death, First (Primary,) Heart - hypertrophy with Valvular deposit

Second (Immediate,) Anasarca & pulmonary congestion.

Duration of Last Sickness, Some two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 9. 1876

Undertaker, John C Gorter

Place of Business, 63 Park Ave

C B Gamble M. D.
Medical Attendant.

Address 40 Richmond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 10½ P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Yaeack

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 16 Lancaster St

Cause of Death, First (Primary.) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Aug 9-1876 James E. Duncalfe M. D.
Medical Attendant.

Undertaker, John Brown

Place of Business, 399 E. Baltimore St. *Address* 399 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Augustina Volkman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 210 S. Eutaw St

Cause of Death, {First (Primary,) asthma

{Second (Immediate,) congestion of liver & lungs

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 10 76

Undertaker, F. A. Foll

Place of Business, 90 S. Howard *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

Permit No. 12108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1916 BALTIMORE

Date of Death, August 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Walstrava

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 76 years

Place of Death, {Give street and number.} 94 S. Eden

Cause of Death, {First (Primary,) Old age

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Aug. 10"

{*Undertaker,* M a Danzer

{*Place of Business,* 74 B'way

L. M. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

Date of Death, Augt 9 "1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Hamer

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 Fountain St

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel

Date of Burial, Augt 10 "1876

Undertaker, M. A Daiger

Place of Business, E. Broadway *Address* Commrs of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Lowenia Hammond.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~X~~ *Years,* ——— 3 *Months,* ——— 14 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~X~~

Occupation, ~~X~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 3 mos. 14 days

Place of Death, {Give street and number.} 17 Dawson alley

Cause of Death, First (Primary,) Enteric-Colitis

Second (Immediate,) Convulsion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 9 "1876

Undertaker, Jos. Loane

Place of Business, W. Balto St

B. F. Leonard M. D.
Medical Attendant.
Asst. Physician
Address 2nd University Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE.

Date of Death, August 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Sophia Emmert

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Eleven *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, about 6 or 7 yrs

Place of Death, {Give street and number.} 69 E. Fayette Str

Cause of Death, First (Primary.) Fall out of third story window

Second (Immediate.) Fracture of Scull & Concussion of Brain

Duration of Last Sickness, about 4 hours

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, August 10th

Undertaker, Chas. Lossing

Place of Business, 136 E. Fayette

Wm. Osborne — M. D.
Medical Attendant.

Address 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9/76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Hicks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} No 6 Pleasant alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebro-Spinal Meningitis

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, 11 August

Undertaker, H. C. Hatchman

Place of Business, 138 S Bond St

R. W. Mansfield M. D.
Medical Attendant.

Address 114 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug^st 9^th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Louisa O'Brien

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } [illegible]

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 28 S. Eutaw

Cause of Death, { First (Primary,) Brain disease

Second (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 9th 1876

Rs. E. Cloyd M. D.
Medical Attendant.

Undertaker, Jno. S. Mc Shea

Place of Business, 180 Camden St Address 18 B Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Trunkamp.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 Years, 4 Months, 20 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} ~~Same~~ 631 N. Wolfe.

Cause of Death, {First (Primary,) Carditis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Aug 9th

Undertaker, [illegible]

Place of Business, 1233 Bank

S. Glanville, Jr. M.D.
Medical Attendant.

Address Balt. & Wash. Pk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further ordained and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Mulberry St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 10th 1876

{*Undertaker,* Hughes Bro

{*Place of Business,* Fayette St

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

Date of Death, Aug. 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Henkle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 61 Harrison

Cause of Death; {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Fleet St Cemetery

Date of Burial, [illegible] 20 '76

Undertaker, Jacob Muller

Place of Business, 621 Eastern St. *Address*

Marcus P. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

Date of Death, ... August 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ..... William L. Little

Sex, Male or Female, {Cross out the word not required in this line.} ..... Male

Age, ... *Years,* ..... *Months,* ..... *Days.* 53

Color, ... White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ..... Married

Occupation, ... Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ..... Baltimore Md

Duration of Residence in the City of Baltimore, ... 53 Years

Place of Death, {Give street and number.} ..... No 26 N. Charles St.

Cause of Death, {First (Primary,) ..... Bilious Fever

{Second (Immediate,) .....

Duration of Last Sickness, ... 10 days

All the above information should be furnished by the Physician

Place of Burial, ... Baltimore Cem.

Date of Burial, ... Aug. 10th 1876

Undertaker, ... Wm A Rayner

Place of Business, ... 94 Baltimore St

Address ..... *M. D.* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luke Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty three *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City — 43 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Canton Ave & Lombard Street.

Cause of Death, {First (Primary,) Gun shot wound Penetrating Second (Immediate,) Lobar Pneumonia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 10th 1876

{*Undertaker,* M A Daiger

{*Place of Business,* 74 S Bond

W. C. Ireland M. D.
Brown E. Dist.
* Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12 114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ambrose Healey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 66 S. Arlington Avenue

Duration of Residence in the City of Baltimore, Eight days

Place of Death, { Give street and number. } 66 S. Arlington Avenue

Cause of Death, { First (Primary,) Uraemia
Second (Immediate,) Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Baltimore County

Date of Burial, Aug 10th 1876

J. Shelton Hill M. D.
Medical Attendant.

{ *Undertaker,* D. B. Cook
{ *Place of Business,* No 704 W. Baltimore Street

Address 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augst 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Summers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 1 Scott St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Exhaustion

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 10th /76

W. B. Griffith M. D.
Medical Attendant.

{*Undertaker,* T. N. Troll.

{*Place of Business,* 90 S. Howard St *Address* 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

Date of Death, Aug 9, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida. Hallette Barr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 96 Oak St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Woodbery Bal Co

Date of Burial, August 10th 1876

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St *Address* 118 N. Liddle

W. H. Hall M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

Date of Death, August 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Sadler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 19 years 10 mos

Place of Death, {Give street and number.} 27. Stirling St

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Int Oliver Cem

Date of Burial, Aug 12 76

Undertaker, John S Redemeyer

Place of Business, N E Cor Lemmont Ave & Monument St

Geo. H. Grayson *M. D.*
Medical Attendant.

Address 18 Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Imkilbuch

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} #260 East Eager St

Cause of Death, First (Primary,) ———

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 11, 1876

Undertaker, Henry Heck

Place of Business, 30 Central Ave

J. H. Grimes M. D.

Medical Attendant.

Address 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Baer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 152 George

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diftheria

Duration of Last Sickness, 3 weeks & one day

All the above information should be furnished by the Physician

Place of Burial, Balt. Cemet.

Date of Burial, August 11th

Undertaker, Peter Kunnement.

Place of Business, 217. Fountleroy St.

Dan'l Dunn *M. D.*

Medical Attendant.

Address 226 Fountleroy St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12,120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Geo. Kaiss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 - *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 197 West.

Cause of Death, First (Primary,) morbid dentition

Second (Immediate,) Acute meningitis.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem

Date of Burial, Aug 10 th 1876

R J. N. Zoll M. D.
Medical Attendant.

Undertaker, C. H. Krause

Place of Business, 209 Hanover st

Address 138 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 12121

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Adolph Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five 5 weeks ~~Years~~ *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} ~~Southern~~ Falls turnpike near Druid

Cause of Death, First (Primary,) —

Second (Immediate,) Lumbrion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Burying ground

Date of Burial, August 5th 1876

M. D.

Medical Attendant.

Undertaker, Mrs Ivs Byrne *Address* Market & Scott Sts

Place of Business, Front St 364 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

Date of Death, Aug 9 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs P Coffman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 *Years,* 11 *Months,* 25 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanover Pa

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } 425 Calhoun St

Cause of Death, { First (Primary,) Consumption / Second (Immediate,)

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty

Date of Burial, Aug. 11th 1876

Undertaker, Chas. A. Coulter

Place of Business, No 520 W. Balto st

C. [illegible] M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12123. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, W

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Back City

Duration of Residence in the City of Baltimore, Born Here

Place of Death, {Give street and number.} 252 Hughes St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem

Date of Burial, 8 Aug. 76

Undertaker, Jacob Davis

Place of Business, 113 Ja St

Richd M. D.

Medical Attendant.

Address 30 N. Rumsey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 2124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

Date of Death, August 10 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Purnell Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, *Years,* 10 *Months,* 28 *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 48 Tyson St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 Tyson St

Cause of Death, First (Primary.) Marasmus

Second (Immediate.)

Duration of Last Sickness, 10 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 11th August

Undertaker, J.M. Gray

Place of Business, 65 Mulberry St

C. E. Muirhead M. D.
Medical Attendant.

Address 23 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 a. m. 7th August, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Way

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Five *Months,* Ten *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Five months & ten days

Place of Death, {Give street and number.} 176 Chesapeake St "Canton" Baltimore City

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,) "

Duration of Last Sickness, They say he was sick for four days - I saw him only once & then only a few hours after he was in the country.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 10 /76

Wm. A. Worth M. D.
Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway *Address* 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12,126.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence M. Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* 1 3 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 89 N. Holy St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 89 N. Holy St.

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) Fainting accompanied by Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 11th

{*Undertaker,* Geo Schilling

{*Place of Business,* Marble & Monument St

By Order of Ford M. D.

Medical Attendant.

Address Corner E. Balt. & Holly Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12,124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

Date of Death, Aug 9th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} James Connolly.

~~Sex.~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.}

Age, 45, *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~? {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give street and number.} Washington University Hosp.

Cause of Death, {First (Primary.) Effects of heat (Sun).
Second (Immediate.)}

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, Aug 10 1876

Undertaker, H. J. Schultheis

Place of Business, 181 Aisquith st.

A. Wolfe. *M. D.*
Medical Attendant.

Address Washington University Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget McGannahan

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Seamstress.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} Webster Alley & Valley St.

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery Chas A. McComas M. D.

Date of Burial, August 11th 1876 Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address* 134 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S·A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Aug 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harmon Henry Sauter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 10 *Months,* — *Days.*

Color, White *Sex,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth 145 Lexington Ave

Place of Death, {Give street and number.} On board Schooner Sarah A Merwin Harbor

Cause of Death, First (Primary,) Remittent

Second (Immediate,) Typhoid perforation Intestin

Duration of Last Sickness, 22 days

All the above information will be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Aug 11

J E Shehane M. D.
Medical Attendant.

Undertaker, M A Daigle

Place of Business, 74 S Bond *Address* 280 Donnell Ct

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8. August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Cuper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 5 *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Orleans.

Cause of Death, {First (Primary,) Hydrocephal. acut. Second (Immediate,)} 2 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery.

Date of Burial, Aug. 11th 76

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address* 67 Aisquith St.

Hoffmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily C. Speddon

Sex, Male or Female, {Cross out the word not required in this line.} F. Male

Age, 72 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} N.E. Cor Biddle st. & Edmonson av.

Cause of Death, First (Primary,) Paralysis, Hemiplegia

Second (Immediate,) 7 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 11th 1876

Undertaker, John S. Mackin

Place of Business, 150 Camden & Paca

R. C. Lee M.D.
Medical Attendant.

N.W. Cor

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Jeremiah Blacuna

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 13 *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 11 Albert ally

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness, About 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 11th 1876

Undertaker, William A. Lanza

Place of Business, No 109 East St.

D. Webster Cathell M. D.
Medical Attendant.

Address 12 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H Collins

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} No 237 N Durham St

Cause of Death, {First (Primary,) Consumption of Lungs / Second (Immediate,)

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 10th 1876

Undertaker, William A Dunger *Address* Broadway & Madeira St

Place of Business, No 104 East St.

W. H. Purnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Agust 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleaenir Correa

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ____ *Years,* Sise *Months,* ____ *Days.*

Color, white *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreigo birth.} In the city of Baltimore.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Baltimore St. N.o 137

Cause of Death, First (Primary,) Fabes mesenterica.

Second (Immediate,) ____

Duration of Last Sickness, Three month.—

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, August 11th

Undertaker, Wm Fry

Place of Business, 54 W Broadway

Dr. Joseph Lopez. M. D.

Medical Attendant.

Address N.th Carey St. N.o 414

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 August 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Albaugh

Sex, ~~Male~~ *or* ~~Female,~~ { Cross out the word not required in this line. }

Age, *Years,* *Months,* 11 Months *Days.* 10

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } N Fremont Street 106

Cause of Death, { First (Primary,) Dentition
Second (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, August 11 1876

{ *Undertaker,* Chas T Scriven
Place of Business, 271 W Eutaw St

Mabury Brown M. D.
Medical Attendant.

Address 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 August 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha ~~Hendelong~~ Ernestine Ebeling

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 10 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 157 Mulberry st. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 Mulberry st

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery Fruit Hill Balto.

Date of Burial, Aug 11th

D. W. Heldman M. D.
Medical Attendant.

{*Undertaker,* J. Schultheis
Place of Business, 15½ Mulberry st.

Address 120 East st. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mink

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 3 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Board of Hts 20 Brown St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 11th August.

Undertaker, Julius Koehler

Place of Business, cor. Sharp & Lee sts

S. C. Brack M. D.
Medical Attendant.

Address 1111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Date of Death, August 10/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gibbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 67 S. Oregon St.

Cause of Death, {First (Primary,) Old Age.
Second (Immediate,)

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, August 11th 1876

{*Undertaker,* J B Cook
{*Place of Business,* 707 west Baltimore St

W. V. Speer M. D.
Medical Attendant

Address 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Hebrews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, Colored female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} No 42 Hulls Lane

Cause of Death, {First (Primary,) Tubercular Consumption / Second (Immediate,)}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 11th 1876

Undertaker, William V. Lynch

Place of Business, No 104 East St

Wm L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12140 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella May Stein

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, One *Years,* *Months,* 11 *Days.*

Color, Colored *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 183 East Street

Cause of Death, { First (Primary,) Teething / Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Wm. R. McCormick M. D.

Date of Burial, August 12th 1876 Medical Attendant.

Undertaker, W. H. Dunce

Place of Business, No 104 East St. *Address* 134 N. East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it sha[ll] be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his no[tice], within forty-eight hours after the death, to the Undertaker or other person or persons superintending the bur[ial] a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or sing[le] of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas James

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} U S - (Kent Co Maryland)

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number.} 122 Jasper Street

Cause of Death, {First (Primary.) Cholera Morbus / Second (Immediate.)}

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Aug 9 70

Undertaker, W H Chase

Place of Business, 192 N Howard St

W W Antrim M. D.
Medical Attendant.

Address 192 Park St

BIRTH DEPARTMENT AUG 16 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12142

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Malilda Queen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S. Arundel Co.

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 40 King St.

Cause of Death, First (Primary,) Chronic Dysentery

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug 9th 96

Undertaker, J. W. Chase

Place of Business, 1714 Howard St

L. M. Hall *M. D.*
Medical Attendant.

Address 266 S. Sharp St

HEALTH DEPARTMENT AUG 11 1896 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 BALTIMORE

Date of Death, August 10, 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Alex. Lloyd

~~*Sex,* Male or *Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 yr 12 yrs

Place of Death, {Give street and number.} 40 Walker st

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 12, 26

Undertaker, [illegible]

Place of Business, [illegible]

Lewis M. Vastine M. D.
Medical Attendant.

Address 249 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12144

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Somerset Jones

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* —— *Months,* —— *Days.*

Color, Blk

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Farm Hand

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 G Sts S Balto

Cause of Death, {First (Primary.) Effusion on the Brain

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, Aug 11 1876

Undertaker, H H Chism

Place of Business, 44 N Howard St

Complaining

David M Eastman *M. D.*
Medical Attendant

Address 349 Lee

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Joseph Wild

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 32 yrs 3 Mos

Place of Death, {Give street and number.} 248 N. Gay Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 13th 1916

Undertaker, Geo Schilling

Place of Business, Kirgnit & Monument St

Address 181 E Monument St

E Jeo Walls M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12146 . OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline King

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Abbott St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 7 years

All the above information should be furnished by the Physician

Place of Burial, Swan's Cemetery Govans Road

Date of Burial, Aug 11 1876

Undertaker, Jacob Schilling M. D.

Place of Business, 1 Asquith St Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Board of Health, City of Baltimore,

Permit No. 12147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1896 BALTIMORE

Date of Death, Aug 10th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Kridenoff

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballo-

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 64 marsh market

Cause of Death, {First (Primary.)} Child birth

{Second (Immediate.)} Metro Peritonitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug. 11, 1896

Undertaker, Chas. Koenig

Place of Business, 136 E. Pratt Address 344 N. Calvert

Geo. B. Reynolds M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Date of Death, Aug. 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benny J. Gill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 60 Saratoga Street

Cause of Death, First (Primary,) —

Second (Immediate,) Apoplexy

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, August 12 1876

Undertaker, H H Lenkins & Co

Place of Business, 16 Light St.

E. W. Theobald M. D.
Medical Attendant.

Address 89 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 534)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1876 SECRETARY

Date of Death, August 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Hodges

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 81 Cambridge St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician

Place of Burial, M. E. Cemetery P.R

Date of Burial, Augt 11th 1876

Undertaker, H. Hoelscher

Place of Business, Eastern Ave

Louisa C. Wiley M. D.
Medical Attendant.

Address 12 S. 1st St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Maria Schaler.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 — *Years,* 6 — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, Widow —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxony Germany —

Duration of Residence in the City of Baltimore. about 30 years —

Place of Death, {Give street and number.} 176 S. Amm —

Cause of Death, First (Primary,) Inflamation of Stomach

Second (Immediate,) Cancer of Stomach.

Duration of Last Sickness, about 1 year.

All the above information should be furnished by the Physician

Place of Burial, Ev. Luth. Bearing Ground

Date of Burial, 12th August

Undertaker, Henry Bein

Place of Business, No. 252 Aliceanna St.

H. C. Stohne M. D.
Medical Attendant.

Address 86 S. Fayette St

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Date of Death, Aug. 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Rehmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} Cor. Paradise & Appleton sts

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Mure. Thor 2 yrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus County

Date of Burial, August 12th

Undertaker, Peter Skinner

Place of Business, 317 Aulbern st *Address* 543 Eutaw st

A. A. Smith — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Elliot

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Street & No 18

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 12th 1876

Undertaker, Wm. J. Mackey

Place of Business, 152 Camden

Address 106 Gilmor [illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Date of Death, August 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. P. Pembroke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Chesapeake Pilot

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's County. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 S Washington St

Cause of Death, {First (Primary.) Pernicious Remittent Fever. Second (Immediate.)

Duration of Last Sickness, Abt nine [redacted] or ten days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's County Md

Date of Burial, Aug 12th 1876

Undertaker, Hughes & Co.

Place of Business, 65 S. Broadway

D. Webster Cattell M. D.
Medical Attendant.

Address 12 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 835)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12154 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday August 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Locker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Two *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211 Hughes St

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fulls

Date of Burial, Aug 11th

Undertaker, H. H. & Perry

Place of Business, 448 W Pratt

Julius Hall M. D.
Medical Attendant.

Address Southern Dispy
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Date of Death, Aug. 10 th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. Marcaccio

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy Balto. City

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} 12 Bailey St.

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 14 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, August 12th

Undertaker, H. H. Gilmore

Place of Business, No 341 Canton Ave

John F. Stonemetz M. D.
Medical Attendant.

Address Sharp & Calvert & Reads

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Date of Death, 9th Aug —

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Russell

~~Sex, Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* —

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } St Agnes Hospital

Cause of Death, { First (Primary,) Pulmonary Consumption / Second (Immediate,) }

Duration of Last Sickness, 4 years —

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 11th 1876

Edwd F. Michaels M. D.
Medical Attendant.

{ *Undertaker,* James P Byrne
{ *Place of Business,* No 63 N. Front St *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Rick gaud

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} 210 Chestnut st Balt

Cause of Death, First (Primary,) —

Second (Immediate,) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, August 11th 1876

Undertaker, William A. Lange

Place of Business, 210 East St.

J H Latimer M. D.
Medical Attendant.

Address 23 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Date of Death, August 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August A. Flamm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 44 East Fayette Street

Cause of Death, First (Primary,) Congestive Spinal Meningitis

Second (Immediate,) " " " "

Duration of Last Sickness, About 5 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, August 13th 76

Undertaker, C. A. Schilling

Place of Business, Lexington & Shemwell Sts

Jos. Lloyd Hauer M. D.
Medical Attendant.

Address 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hudson Wesley Tull

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 1 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 15 Caroline Spe

Cause of Death, First (Primary,) Diarrhoea.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 or 5 hours

All the above information should be furnished by the Physician

Place of Burial, Loudon Cemetery

Date of Burial, Friday Aug 11th 1876

Undertaker, John B. ~~—~~

Place of Business, 77 Light St *Address* 69 S Broadway

Phil Kloss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, Aug 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kochheimer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 68 E. Pratt.

Cause of Death, {First (Primary,) Paralysis. (Marasmus) {Second (Immediate,) & Measles

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Etan H Hebrew Cemetery

Date of Burial, August 13 th 1876

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address*

Abram B Arnold *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12161

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, Aug. the 10th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Kernan,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} 127 Tensor St.

Cause of Death, {First (Primary,) Ovarian Tumors. / Second (Immediate,) Peritonitis,

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 12th 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

J. M. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Hammett

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 E. Biddle St

Cause of Death, {First (Primary.) Teething
Second (Immediate.)} Chol Infantum

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Aug 13 1876

{~~Undertaker~~ A. Townsend
Place of Business, 624 W. Lombard St.} *Address* Commrs of Health & Registrar

James A Steuart M. D.
~~Coroner~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alexander Townsend Uncle

[OVER.]

SAFETY FIRST

Board of Health, City of Baltimore,

Permit No. 12163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, Aug 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Mathieder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 338 E. Eager St

Cause of Death, {First (Primary.) Teething

{Second (Immediate,) Convulsions of Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, August 13 1876

Undertaker, H Hoerle

Place of Business, Central Ave

Milton N. Taylor M. D.
Medical Attendant.

Address 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

Permit No. 12164

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, August 11th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 56. *Years,* *Months,* 26. *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany 13 years.

Duration of Residence in the City of Baltimore, 14 N. Appleton St.

Place of Death, { Give street and number. } Phthisis Pulmonalis

Cause of Death, { First (Primary,) 2 years.

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 13th 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

J. W. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, August 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Galloway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 11 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 41 Little Pr Eldery St

Duration of Residence in the City of Baltimore, 2 mos 11 days

Place of Death, {Give street and number.} 41 Little Pr Eldery St

Cause of Death, First (Primary,) Entero colitis

Second (Immediate,) Inanition

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 12th 1876

Undertaker, William A. Lunger

Place of Business, 16 104 East Street, *Address* 181 Homewood

E. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanora Johnston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, C *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 26 S. Bethel St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13th 1876

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, William N. Lamyer

Place of Business, No 104 East St. *Address* 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under [illegible] to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Wolf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} — Below Ave,

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,) Stupor

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, August 13th 1876 L. Liebman M. D.

Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 W. Conway St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12168 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, Sept. 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Williams

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 S. Bethel St

Cause of Death, {First (Primary.) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 12 1876 James A Steuart M. D.

Undertaker, W. R. Dunyer

Place of Business, East St Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Louisa Wilmore Sister

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12169 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, August 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A C Jennighame

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Book Agent &c.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 962 W Baltimore St

Cause of Death, First (Primary,) Sudden Syncope and Heart Clot.

Second (Immediate,)

Duration of Last Sickness, Nine days Illness with Gastric Hemorrhage &c

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Cemetery

Date of Burial, August 13th 76 A Webster Cathell M. D.

Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette st Address 12 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delia I Applin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} E. S Popplestone

Cause of Death, First (Primary,) Nervous Fever

Second (Immediate,) Embolism & Brain —

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, August 13th 76

Undertaker, J B Blackiston & Son

Place of Business, No 60 Balto. St.

W H Kook M. D.
Medical Attendant.

Address 35 N Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, August 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Mathews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 13 Months.

Place of Death, {Give street and number.} 175. S. Spring st

Cause of Death, First (Primary,) Indigestion.

Second (Immediate,) Gastro Enteritis.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallar H Cemetery

Date of Burial, Aug 13th 1876

Undertaker, John W. Brooks

Place of Business, 57 S. Wolf st *Address* 23 S. Broadway.

E. M. Loiderill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12172S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Baker

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 16 *Years,* 8 *Months,* 8D *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Baltimore all her life

Place of Death, {Give street and number.} 86 South Carey

Cause of Death, First (Primary,) Typhoid Malarial fever

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis

Date of Burial, Aug 12 1876

J H R Wolfe M. D.
Medical Attendant.

{*Undertaker,* P Kennedy
Place of Business, 317 Medberry st} *Address* No 4 N Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis & Mary Schneider Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line,}

Age, — *Years,* — *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 Abbey's alley

Cause of Death, {First (Primary,) Unknown

{Second (Immediate,)

Duration of Last Sickness, sudden

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Augt 12th 1876

James Steen M. D.

{*Undertaker,* C. F. Herold

{*Place of Business,* Hanover *Address* Commissioners Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Lohwasser Midwife

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, August 11th 1876 (Caroline Herz)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Herz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Three months & Seven days.

Place of Death, {Give street and number.} Elliott Street. (No Number)

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, August 12th 1876

Undertaker, H Foehlich

Place of Business, 216 Eastern Av

A. Schwartz M. D.
Medical Attendant.

Address Cor. Elliott & Caroline Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE.

Date of Death, 10th aug

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Watkins

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Red *Sex,*

~~*Married,* Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 Greenwillow st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, August 12th 1876

Undertaker, Mr. H. Bishop Jr.

Place of Business, 100 Druid Hill ave.

G L Tanyhill

M. D.

Medical Attendant.

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, August 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Regner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} N° 155 S. Register st.

Cause of Death, {First (Primary,) Rachitis

{Second (Immediate,) Exhaustion.

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, Aug 13th 1876

L. O. Pilcher M. D.
Medical Attendant.

Undertaker, H. Eckhart

Place of Business, 269 Canton Ave *Address* 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willian Edgar Carton

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Years, 1 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 47 S. Chas. st.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Congestion of Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 13th 1876

Undertaker, Jno. Fay

Place of Business, 54 N. Broadway

Geo. A. Hartman M. D.
Medical Attendant.

Address # 305 N. Caroline st.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th Aug. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard K Wallace

~~Sex~~, *Male* or ~~*Female*~~ {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 196 Eastern Ave

Cause of Death, {First (Primary.) Intemperate habits. Second (Immediate.) Heart

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, 13th Aug 1876

Undertaker, Hayden & Co

Place of Business, 65 S. Broadway

Address 14 S. Baltimore

J. Luther M. D.
Medical Attendant.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE.

Date of Death, Aug 11 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Wesley Wilson

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* 2 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 196 Park Ave

Cause of Death, { First (Primary,) } Cholera Infantum

{ Second (Immediate,) } Prostration

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, August 12th 1876

Undertaker, S B Cook

Place of Business, No 707 W. Baltimore Street

A. McC. Cotton, M. D.
Medical Attendant.

Address 166 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Nicodemus.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 8. *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 235 Linden Avenue

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion from Diarrhoea

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 13th Aug 1876

Undertaker, Hy W. Jenkins Son

Place of Business, 16 Light St — *Address* 141 St. Paul St

Wm H. Stokes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, 12th 7 Aug. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Heinmet

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 1 *Months,* *Days.*

Color, White

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 159 S. Martin Alley

Cause of Death, {First (Primary,) Chronic tuberculosis of pulmonary

{Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year & 1/2

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery Street [illegible]

Date of Burial, 13th of Aug.

Undertaker, Henry Fander

Place of Business, 282 Eutaw Ave

Baltimore M.D.
Medical Attendant.

Address 245 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 12182 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

Date of Death, August 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roberto M. Hurto

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Hatter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 38 N. Green St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Basilar Effusion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Aug 13 Sept

Judson Gilman M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St *Address* 172 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12,183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Date of Death, August 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Bailey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Fifty-four *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset County Md.

Duration of Residence in the City of Baltimore, Fifty-Years

Place of Death, {Give street and number.} 54 Cross St

Cause of Death, {First (Primary,) General Dropsy / Second (Immediate,)

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 13th 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Date of Death, Aug 11th 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Martin alley 27

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption & Lungs

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 13th 1876

Undertaker, W. H. Lange

Place of Business, 102-104 East St. *Address* 134 N. High St City

J. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Date of Death, Aug 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Duffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 14 *Days.*

Color, (Colored) *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 30 Forest St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Presbyterian Cemetery

Date of Burial, August 13th 1876

David G Powell M. D.
Medical Attendant.

{*Undertaker,* W. H. Lange

{*Place of Business,* No 104 East St, *Address* No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Browning

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* 25 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word is not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 160 Chesnut St

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness, Probably from time of birth

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetery

Date of Burial, Aug 13 1876

D Webster Bethell M. D.
Medical Attendant.

Undertaker, Geo C Rodenmayer

Place of Business, Ensor St *Address* 42 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Finey.

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Miller.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. City.

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 621. N. Gay. St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Inanition.

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial Aug. 13th 1876

Undertaker, Wm. H. Hyckman

Place of Business 234 N. Gay St.

W. B. O'Reilly. M. D.
Medical Attendant.

Address 235. N. Bd'way.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lehman Goldman.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 8 *Years,* 9 *Months,* 28 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cattle Broker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schnotzenbach, Bavaria.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number.} 235 N. Howard St.

Cause of Death, First (Primary,) Remittent Fever.

Second (Immediate,) Typhoid Degeneration

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Fells Point Corp.

Date of Burial, August 14.

Undertaker, Levi Herzog

Place of Business, 96 South Eden. *Address* City

John J. L. Frazier M. D.
Medical Attendant.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Date of Death, Aug. 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Ernestina Caroline Lehser

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line,}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 57 n. Castle St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Pneumonia

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician

Place of Burial, St. Matthews

Date of Burial, Aug. 14

Undertaker, Ch. Rassing

Place of Business, 136 E Fayette

J. L. Yellott, M. D.
Medical Attendant.

Address 135 Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12191

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Date of Death, Aug 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leopold Blumenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Insurance agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 37 N. Exeter

Cause of Death, First (Primary,) Old Gun Shot wound

Second (Immediate,) Bright's disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Harsinai Cemetery

Date of Burial, Aug 14 1876

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Sign & Monument *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Date of Death, August 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florentine Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* — 29 — — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 393 Aiscanna St.

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, Four weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, August 13th 1876

Undertaker, John Brown

Place of Business, No 7 Wolf St

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August. 12th /76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth. Klingelhofer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* 5 *Months,* ~~ *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 8 yrs. 2 mo.

Place of Death, {Give street and number.} No 211. S. Wolf st.

Cause of Death, First (Primary,) Acute. General Dropsy

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 13th 1876

Undertaker, H. Froehlich

Place of Business, 246 Easter... Av

C. M. Schutte Jr - M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 or 50 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} dont know

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Jasper St Court 3rd house

Cause of Death, {First (Primary,) Heart Disease ?
Second (Immediate,) She was found dead – no history

Duration of Last Sickness, died suddenly – was not known to be sick.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13 1876

{*Undertaker,* Wm H Birkhead Jr
Place of Business, 100 Druid Lieden

R. Winslow M. D.
Medical Attendant.

Address 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex. E. Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 15 *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3½ mos.

Place of Death, {Give street and number.} 72 Morris Al.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 or 3 weeks at least

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 13th 1876

Undertaker, Wm. H. Bishop, Jr.

Place of Business, 101 Druid Hill Ave.

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12195 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Date of Death, August 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Magruder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50.2 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~#~~ Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Morris Alley

Cause of Death, First (Primary,) Dis of Heart

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Aug. 13th 1876

Undertaker, Wm H Bishop Jr.

Place of Business, 100 Druid Hill Ave.

R. Winslow M. D.
Medical Attendant.

Address 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1876 BALTIMORE

Date of Death, Aug. 12. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G. W. Brashears

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 6 *Months,* ~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.} Married

Occupation, Secretary of Poor Association

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges Co. Md.

Duration of Residence in the City of Baltimore, About 23 or 24 years

Place of Death, {Give street and number} # 80 N. Exeter St.

Cause of Death, {First (Primary,) Inflammation of Bowels / Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 14th 1876

Undertaker, John L. Weaver

Place of Business, #22 W. Fayette St *Address* #305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

AFETY FI

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, Cold

~~Married, Single,~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hargrove alley

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Augt 13 1876

M. D.

~~Undertaker~~ Mike Dunn

Place of Business, ———

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of ~~Births and~~ deaths of Illegitimate children.

Information by Michael Dunn 152 N. Calvert St

[over.]

KODAKS

Board of Health, City of Baltimore,

Permit No. 12198 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August. 13th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Adelhard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11. Months, 26 Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ball.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 Orchard St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician

Place of Burial, Western Cemetary

Date of Burial, August 17th

Undertaker, George Saffron

Place of Business, 21 Penna. Ave. *Address* 226 Mulberry St.

Louis C. Dorn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Son of Henry & Sarah Albaugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 335 Penn: Avenue

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Anaemia & Convulsions

Duration of Last Sickness, 10 or 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Friends Grave yard

Date of Burial, August 14th 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Avenue *Address* 289 W Fayette St

E. Goverlox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13. Aug 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Oliver

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White *Sex,* ____

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 1057 Tyson St

Cause of Death, {First (Primary,) Inflam. of Brain

{Second (Immediate,) ____

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 14. 1876

{*Undertaker,* John C Jordan

{*Place of Business,* 63 Park Av

G L Tanaphill M. D.

Medical Attendant.

Address 129 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dwight Bate

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ~ *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cincinnati Ohio.

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 76 S. Paul St.

Cause of Death, First (Primary,) Heat -

Second (Immediate,) Exhaustion & Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 14th 1876

Christopher Johnston M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 12202 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

Date of Death, Aug 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catherine Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wilmer Al near Smith St.

Cause of Death, {First (Primary,)} {Second (Immediate,)} Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery J. J. Miller, *M. D.*

Date of Burial, 15 Aug 1876 Medical Attendant.

Undertaker, J J Chalmers

Place of Business, 262 Lombard *Address* 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1896 BALTIMORE

Date of Death, August 14 - 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Lindeman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line,} Female

Age, Four years, One Months, Eight Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Little York Pa

Duration of Residence in the City of Baltimore, About eight years

Place of Death, {Give street and number.} No 2 Buford St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About Six Mos.

All the above information should be furnished by the Physician

Place of Burial, Balto County

Date of Burial, Aug 15th 1896

J. G. Rieu M. D.
Medical Attendant.

Undertaker, Ulrich Schmidt

Place of Business, Eager St 263 No

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

...t No. 12204 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida, May, Newkirk

~~Son, Male or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 Hillsman St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, Aug 15 th 1876

{*Undertaker,* Armstrong & Penny

{*Place of Business,* 263 Light st *Address* 17 Maine av

H. B. Ashe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

...ate No. 12205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not named Gibson Mary Gibson (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* One ~~Hour~~ ~~Days~~

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 396 Mulberry St

Cause of Death, {First (Primary,) Over. Exertion on the part of Mother

{Second (Immediate,) Miscarriage at 6th month Imperfect development

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery Thomas Okie, M. D.

Date of Burial, August 14th 1876 Medical Attendant.

{*Undertaker,* M. H. Perry

{*Place of Business,* 448 W. Pratt St. *Address* 396 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 12206

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 14th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah M. Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 2 *Months,* 9 *Days.*

Color,

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 52 years 2 Mos 9 days

Place of Death, {Give street and number.} 117 N Bond St

Cause of Death, {First (Primary.) Spasm Intestinal, Irritation
Second (Immediate.) Heart - Arrest

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Aug 16th 1876

Undertaker, W. H. Fry

Place of Business, 56 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Aliceanna Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 13 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Annie E. Dixon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line,}

Age, 52 *Years,* *Months,* *Days.*

Color, Clark

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 233 Hamburg St.

Cause of Death, {First (Primary,) Second (Immediate,)} Typhus Fever 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14th 76

Undertaker, D. W. Chase

Place of Business, 49 B Howard St

L. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 75 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 years about

Place of Death, {Give street and number.} 10 Goose lane

Cause of Death, First (Primary,) Gangrene of foot & leg — left

Second (Immediate,) Pyaemia, (neglect)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14, 76

Undertaker, A. W. Evans

Place of Business, 198 W Hanover St

J. H. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter S. Wilson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, 20 Days.

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 233 Hamburg St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14 76

Undertaker, B. W. Chase

Place of Business, 191 & Howard St

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. A. F. Thomas Inoby

Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, — *Years,* — *Months,* one *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Carlton St

Cause of Death, First (Primary,) diarrhoea

Second (Immediate,) exhaustion

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, Aug 14 1876

Undertaker, S W Chase

Place of Business, 5 Howard St *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

Date of Death, Aug 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levis Henry Schaf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One Years *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 30 N. Caroline St

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 30 N. Caroline St

Cause of Death, {First (Primary,) Teething

{Second (Immediate,) ~~Ch~~ Cholera Infantum

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetary

Date of Burial, 15 August

Undertaker, Casper Eckhart

Place of Business, 269 Canton Ave

J. J. Grof M. D.
Medical Attendant.

Address 135 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah R. Gladding

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 31 8 *Years,* *Months,* *Days.*

Color, White *Sex* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 177 Conway St

Cause of Death, First (Primary,) Pelvic Cellulitis

Second (Immediate,) Ephemeria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 15th 1876

W. B. Griffith M. D.
Medical Attendant.

Undertaker, John S. Mackenzie

Place of Business, 150 Camden St *Address* 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

...t No. 12213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE.

Date of Death, Augt 14" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Woods

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* *Months,* ~~—~~ *Days.*

Color, Colored 7

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 175 S Spring St & Hammondally

Cause of Death, {First (Primary,) Lee Tinby} {Second (Immediate,) Summer Complaint}

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Augt 14th 1876

Undertaker, C. Shuster

Place of Business, Pratt St

James A Steuart M. D.

Address Commrs of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informed on by Eliza Woods mother

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 12214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius Rees

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 35 N. Sharp St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery

Date of Burial, August 14th 1876

Undertaker, Jas. A. Stewart M. D.

Place of Business, Liberty St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

No. 12215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Horn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 1 year. 2 10 Days.

Place of Death, {Give street and number.} 226. Mulberry St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, about 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augt 15th 1876 Louis C Dorn M. D

Medical Attendant.

Undertaker, P Kummert

Place of Business, Mulberry St Address 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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ian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ndertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrud Weist

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* ——— *Months,* 8 *Days.*

Color, Wh. F.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 92 Lemon Alley

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Eclampsia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, H. Hebrew Cemetery

Date of Burial, 14th of Aug.

Undertaker, Andrew Knell

Place of Business, 206 Columbia Ave

J. Matthieu M. D.
Medical Attendant.

Address 245 E. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether ~~married or single~~) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Mary Kane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line,}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore C-

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 12 Cross st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae Cem'y

Date of Burial, Augt 15th 1876

Undertaker, Arnet & Denny

Place of Business, Light St *Address* W Hamer M

J Harvey Dell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the said colour, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of foundlings and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 12218 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

Date of Death, 14 Aug. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aloysius

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 6 week ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 15 1876

Undertaker, Saml Bowen

Place of Business 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 20 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except the registry of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

No. 12219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 12 — 1876 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Sams

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, — 2 — *Years,* — 11 — *Months,* — 6 — *Days.*

Color, — African — *Sex,* — Female —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, " — " — "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — City —

Duration of Residence in the City of Baltimore, — " —

Place of Death, {Give street and number.} 27 Norris Alley

Cause of Death, {First (Primary,) Inflammation of Brain

Second (Immediate,) —

Duration of Last Sickness, 2 months or thereabout

All the above information should be furnished by the Physician.

Place of Burial, Levi Cemetery

Date of Burial, Aug 14 1876

Undertaker, William N Dorsey

Place of Business, No 10 S East St

W. A. B. Sellman M. D.
Medical Attendant.

Address Laurel Carroll Ave
Lafayette Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 12220 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Corbett

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va. 10 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 310 N. Bond St.

Cause of Death, First (Primary,) Confinement

Second (Immediate,) Peritonitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Thos S Hughes~~ Wm H. McComas M. D.

Date of Burial, Balto Cem'y Aug 16 1876 Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 40 E Balto Address 34 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 12221

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1876 BALTIMORE

Date of Death, Aug. 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Law

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Nineteen *Months,* — *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 19 Months.

Place of Death, {Give street and number.} Chesapeake St.

Cause of Death, First (Primary,) Head Crushed & neck broken

Second (Immediate,) by being run over by City Car (153)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cimetery

Date of Burial, August 13th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av.

D. Caldwell Leland M. D.
Medical Attendant.

Coroners E. D. 1st.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Schaffer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* twenty four *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.d

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 246 S. Eutaw

Cause of Death, First (Primary,) Scrofulosis,
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, August 13th 1876

M. M. Hay *M. D.*
Medical Attendant.

Undertaker, H. Frechlich

Place of Business, 246 Eutaw St *Address* 32 C Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

Board of Health, City of Baltimore,

No. 12223

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9 13 th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Strathearn

Wm Strathearn

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Marine Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 10 days

Place of Death, { Give street and number. } Scotland St Infirmary

Cause of Death, { First (Primary,) Injury to abdomen / Second (Immediate,) Gangrene of Intestine

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, August 15th 1876

T. A Ashby M. D.
Medical Attendant.

{ *Undertaker,* Haughey & Co
{ *Place of Business,* 65 Broadway *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12224

...sician who attended ... person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

Date of Death, Aug. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wesley Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 275 Lough St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, August 15th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 12225 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12:15 O'clock, August 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Patrick McCarthy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* five (5) *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 62 South Schroder St ———

Duration of Residence in the City of Baltimore, Since birth ———

Place of Death, {Give street and number.} 350 Washington Avenue

Cause of Death, First (Primary,) Inf. of brain.

Second (Immediate,) Convulsions

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, H. Rites Cemetery

Date of Burial, August 15

Undertaker, J. S. Cook

Place of Business, 707 West Baltimore St

Wm. H. Holdsworth M. D.
Medical Attendant.

Address 15 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 12426 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

Date of Death, Aug 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carroll Linton Potts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Vincent St

Cause of Death, {First (Primary,) Second (Immediate,)} Meningitis

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Hampstead Cemetery

Date of Burial, Tuesday Morning

Undertaker, Conrad Hunkel

Place of Business, 1616 Park avenue

W. R. McShane M. D.
Medical Attendant

Address 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Bruce Walters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 S. Fulton St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chol Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 15 1876

Undertaker, I. B. Cook

Place of Business, 71 Balto St

M. D.

~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 12228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Kinman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} 728 Paltimore St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 15 1876

H. C. Kennedy M. D.
Medical Attendant

Undertaker, Chas. A. Sandler

Place of Business, 520 W. Baltimore st *Address* Cor Pratt and Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12229

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Knight

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bath.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 12. Bunrough St

Cause of Death, {First (Primary.) / Second (Immediate.)} Infantile Trismus

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, August 15th 1876

Undertaker, Charles F. Hood

Place of Business, 161 Hanover St

Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 12230 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August. 12th. 1876 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Hamiday,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female -

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, Dung life -

Place of Death, { Give street and number. } Balto City Jail -

Cause of Death, { First (Primary,) Diarrhea. -
Second (Immediate,) 2 weeks -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pullut Cemetery

Date of Burial, Aug 12 76

Undertaker, Charles Stamp

Place of Business, Post Holster

L. N. Hoxet - M. D.
Medical Attendant.

Address 75 E. Balto St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Death No. 12231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter D. Courtney Colbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Eleven~~ *Years,* Eleven *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 25 N. Exeter St. Balt.

Duration of Residence in the City of Baltimore, his life

Place of Death, {Give street and number.} 25 N. Exeter St. Balto.

Cause of Death, First (Primary,) Intestinal Catarrh

Second (Immediate,) Exhaustion

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery E Troy Jones M. D.

Date of Burial, August 15th 1876 Medical Attendant.

Undertaker, Thos J Hughes

Place of Business, 60 E Balto *Address* 67 E. Balt. St. Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Parents

S A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Adeline Brown August 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No 36 Green Hillen st

Cause of Death, First (Primary,)

Second (Immediate,) Bronchitis

Duration of Last Sickness, 9 Hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 16 1876

Undertaker, Hillen & Gray

Place of Business, 66 Saratoga St

Geo C Ogle Coroner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Jennings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 48

Place of Death, {Give street and number.} 220 Hanford ave.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Epilepsy

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ct. A. L. Watson *M. D.*

Date of Burial, Aug 15, 1876 Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 209 Central Ave *Address* 434 N Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of such person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 12234

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1776 BALTIMORE

Date of Death, August 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Frazier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 76 S. Duncan St

Cause of Death, {First (Primary.) Bronchitis / Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Aug 16th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

James S. Steen M. D.
Medical Attendant

Address 254 Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, [illegible] of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* [illegible] the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Shaw

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 17 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. cor. Choptank & Buck 865

Cause of Death, {First (Primary.) Dysentery 2 weeks / Second (Immediate.)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Aug 16 d 1876

{*Undertaker,* Hughes & Co / *Place of Business,* 657 S. Broadway}

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the [illegible] attending during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada B. Newkirk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 260 S. Charles St

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Reveloud Cook M. D.
Medical Attendant.

Date of Burial, August 16th 1876

Undertaker, Charles F. Herold *Address* 146 Hanover St

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Ballard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 231 N. Durham

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Dropsy

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary John A. Conner M. D.

Date of Burial, Aug 16 1876 Medical Attendant.

Undertaker, W. Lion & Benge

Place of Business, No 104 East Street *Address* 286 E. Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarrt Matilda Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colord *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 mos -

Place of Death, {Give street and number.} 87 Oxford St -

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions -

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 16th 1876

Undertaker, Wm A. Bishop Jr

Place of Business, 100 Druid Hill Ave.

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Linette Franklin

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, *Years,* 14 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, { Give street and number. } No 25 Jordan alley

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Inanition

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 16th 1876

Undertaker, Wm H Bishop Jr.

Place of Business, 100 Druid Hill Ave.

E. J. Shekell M. D.

Medical Attendant.

Address 51 & Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 12240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, August 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James & Lizzie Johnson

Sex, Male or Female, {Cross out the word not required in this line.} ?

Age, — *Years,* — *Months,* 5 *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 43 Chesnut Alley

Cause of Death, {First (Primary,) Imperfect digestion. Cholic & cramp

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 to 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 16" 1876

{*Undertaker,* Wm. H. Bishop Jr.

{*Place of Business,* 100 Druid Hill Ave

E Goverlee M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Saulkuff

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 98 William Street

Cause of Death, {First (Primary,) Congestion of Lungs. Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem. H. W. Webster M. D.

Date of Burial, August 17th 76 Medical Attendant.

Undertaker, W. H. Jenkins & Co *Address* 57 Barnet

Place of Business, Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 12242

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

Date of Death, 14th of Aug. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Uhl

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Chester Street 11

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Eclampsia 11 hr

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 16. 1876

Undertaker, C. H. Kassing

Place of Business, 136 E. Baltimore

Address 245 E. Baltimore

Thos. Mathieu M. D.
Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form 208

Board of Health, City of Baltimore,

12214

No. 12243 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

Date of Death, August 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Jenkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} Hamburg st. 445

Cause of Death, {First (Primary,) Phrenitis

{Second (Immediate,) Spasm

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 16th 1876

{*Undertaker,* C. [redacted] Ruder

{*Place of Business,* 529. W. Baltimore St.

D. L. Buddenbohn M. D.
Medical Attendant.

Address No 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann Eliza Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, X *Years,* 11 *Months,* *Days.*

Color, black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 278 Montgomery

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, her whole lifetime

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Aug 16th

Wilson M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 180 Wesst *Address* 93 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12245 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

Date of Death, August 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jemima Bender

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 7 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cincinnati, Ohio

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} No 483 N. Fremont St. Balto

Cause of Death, {First (Primary,) Consumption. (Phthisis) / Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug. 16.

Undertaker, Mr Chalmers

Place of Business, Penn. Av.

Milton Hammond M. D.
Medical Attendant.

Address 53 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

...rmit No. 12246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara L Reeder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 11 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 301 Hanover st.

Cause of Death, First (Primary.) Spasms

Second (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 16 1876

J. E. Harrington M. D.
Medical Attendant.

Undertaker, Armstrong & Penn

Place of Business, Light St Address 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wolf

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 2 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Bel air Ave

Cause of Death, {First (Primary.) Convulsions

{Second (Immediate.)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Augt 16 1876

Undertaker, H. Hoeck

Place of Business 309 N. Central Ave *Address* Commiss of Health

M. D.

H. Bogoltran

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles. Matzon

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 34 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Baker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holstein — Germany

Duration of Residence in the City of Baltimore, about 10. years.

Place of Death, {Give street and number.} No 259. E. Lombard. Str.

Cause of Death, First (Primary,) Abscess of right Lung.

Second (Immediate,) Typhoid fever —

Duration of Last Sickness, about 4 weeks —

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 17th 1876

Undertaker, Wm A Daiger

Place of Business, 74 S Bds

W. E. Holmes — M. D.
Medical Attendant.

Address 86. E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Bridget Henry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 26 yrs

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 419 S. Chapel Street

Cause of Death, {First (Primary.) / Second (Immediate,)} Heart disease

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's County

Date of Burial, Augt 16 1876

Undertaker, M. A. Daiger

Place of Business, S. Broadway

James Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under [illegible] to report within twenty-four hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Henry Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Three *Months* 14 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~No 212 Raburn Street~~

Place of Death, {Give street and number.} No 212 Raburn Street

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, Eight days (?)

All the above information should be furnished by the Physician.

Place of Burial, Laurel A. Cemetery

Date of Burial, Aug. 18 1876

{*Undertaker,* William A Gray / *Place of Business,* Lombard St 66

Chas. N. Neff M. D.
Medical Attendant.

Address 306 N. Hayward Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 Augus.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Alonzo Garrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one-b *Years,* *Months,* 1 *Days.*

Color, Colored. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~40~~ 109 Chestnut Alley

Place of Death, {Give street and number.} 109 Chestnut Alley

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery Dr J Monk M. D.

Medical Attendant.

Date of Burial, Aug 18 1876

Undertaker, William L Gray

Place of Business, Mulberry St 65 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1876

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Charles Noell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 160 Preston St

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary.

Date of Burial, August 17. 1876

{*Undertaker,* Geo. Sappington.

{*Place of Business,* 1811 Pennsylvania Ave.

H. H. Keirle M. D.

Medical Attendant.

Address Druid Hill ave & Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 12253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Weiger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two — *Years,* three *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 169 Eden St Corner McElderry St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Diphtheria

Duration of Last Sickness, About nine days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augt 17 1876

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, H Schultheis

Place of Business, 261 Monument St

Address 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* One *Months,* ~~—~~ *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Winter Street

Cause of Death, {First (Primary,) Supposed Indigestion / Second (Immediate,) Convulsions

Duration of Last Sickness, Sudden —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 17 1876

Undertaker, Jacoby Davis

Place of Business, Lee St

James Stewart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jane Travers Mother

[OVER.]

Board of Health, City of Baltimore,

No. 12255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Silberschmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 553 Light

Cause of Death, {First (Primary,) Second (Immediate,)} Infantile Trismus 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholam Congregation Cemetary Philadelphia Rd

Date of Burial, August 17

Undertaker, Armstrong & Denny

Place of Business, cor. of Light & Montgomery Sts.

Herbert Cole M. D.
Medical Attendant.

Address 146 Stanton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12256

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 Aug. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Asthenia

Duration of Last Sickness, sick when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 16 Aug. 1876

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Marbury Brown M. D.

Medical Attendant.

Address 20 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 Aug 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, Hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 16. 1876

Undertaker, Saml Baker

Place of Business, 56 Division St.

Martin Brewer M. D.
Medical Attendant.

Address 201 N. Bridge St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12258 / OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Frances Dew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 16 *Months,* 19 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11. East Biddle

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 17/76 H. W. Webster M. D.
Medical Attendant.

Undertaker, Thos E. Hughes

Place of Business, 60 E Balto Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12259

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick H. Murtaugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Fireman. R. R. Employee

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fairfax Co. Va.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 297 North St.

Cause of Death, First (Primary,) Injuries rec'd. by accident

Second (Immediate,) on R. Road.

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Fairfax Co Va

Date of Burial, Augt 17 1876

Undertaker, Jas P Byrne

Place of Business, Front St.

I. D. Thomson M. D.
Medical Attendant.

Address 248 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Franit 536

[OVER.

Board of Health, City of Baltimore,

Permit No. 12260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges County Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 76 Tyson St. Baltimore

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 17th 1876

Elizabeth A. Riley for Wm. Riley M. D.
Medical Attendant.

Undertaker, Wm S Gorr

Place of Business, 53 Mulberry St *Address* 41 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 16 — 3 A.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Milken

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 285 S. Dallas

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, dont know prescribed at the office

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Con

Date of Burial, August 17

James E Donnelle M. D.
Medical Attendant.

Undertaker, Geddine Fisher

Place of Business, 1 Bond st 151 Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 12262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Engten, Hanover, Germany

Duration of Residence in the City of Baltimore, forty years

Place of Death, {Give street and number.} 191 E. Balt. St.

Cause of Death, First (Primary,) Calculus disease of the

Second (Immediate,) Heart

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Aug 18.

Undertaker, W. H. Watchman

Place of Business, 158 S. Bond St

John Fillmonides M.D.
Medical Attendant.

Address S.W. Cor Calvert & Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Atkinson Mars

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 44 *Years,* 8 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 68 St Paul St

Cause of Death, First (Primary,) Bright's dis of Kidneys

Second (Immediate,) Convulsions

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 17th 1876

H. J. Mundé M. D.
Medical Attendant.

Undertaker, H. W. Weaver,

Place of Business, 22 W. Lafayette St *Address* 80 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John James

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 mos.

Place of Death, {Give street and number.} 59 Orchard St.

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 17. 1876

Undertaker, John G. Gordon

Place of Business, 63 Park Ave

Eldridge C. Rice M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 2.30 P. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnettie Elwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chambersburg Pa

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 159 S. Broadway

Cause of Death, First (Primary,) Ulceration of Intestines

Second (Immediate,) Hemorrhage of Bowels

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauriel Hill Cemetery

Date of Burial, August 18th 9 A.M.

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Moses Langrall

Place of Business, 87 Gough St

Address 199 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 12266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Jones

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, Seventy- *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co Md

Duration of Residence in the City of Baltimore, About 25 Years

Place of Death, {Give street and number.} No 70 Orchard Alley

Cause of Death, {First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, August 17th 1876

W. L. Rieu M. D.
Medical Attendant.

{*Undertaker,* William A. Dunn

Place of Business, No 104 East St. Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

KODAKS

PHYSICIANS ARE RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dear

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, One *Years,* one *Months,* ~~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 396 Aliceanna St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician

Place of Burial, St. Josephs, Cems

Date of Burial, Thurs, Aug 17/76

Undertaker, John F Braun

Place of Business, 77 S Wolfe

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E A Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 23 *Months,* — *Days.*

Color,

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D C

Duration of Residence in the City of Baltimore, 22 Mo

Place of Death, {Give street and number.} 43 Walker st

Cause of Death, {First (Primary,) Tabes Mesenteric

Second (Immediate,)

Duration of Last Sickness, 6 Mo

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 17th 1876

Undertaker, John L Mackie

Place of Business, No 150 Camden

A H Cumy M. D.
Medical Attendant.

Address 76 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Akers

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 216 Biddle St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 18th 1876

Undertaker, Jacob Weaver

Place of Business, 476 Druid St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12270.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15th at 8 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Tillman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 45 Bluitt Street

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21st 17th

Undertaker, Hercules & Bro's

Place of Business, 180 West Pratt St

Charles S. Ramsell M. D.
Medical Attendant

Address 278 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida L. Rottmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* / *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 N Caroline St

Exclampsia

Cause of Death, { First (Primary,) / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 18th 75

Undertaker, Geo. Schilling *Address* 265 N Gay St

Place of Business, Asquith & Monument st

Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Brady

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. Co Mayo

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 133 Hudson St. Canton

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, More or Less for One Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, August 17th 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

James E Donelle M. D.
Medical Attendant.

Address 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs E. Daily

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 59 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ~~~

Occupation, Shoe-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland (Cork)

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} Washington University Hosp'

Cause of Death, {First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, ~ Three weeks ~

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 17 1876

A. L. Wolfe M. D.
Medical Attendant.

Undertaker, P Kummert

Place of Business, Mulberry St Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Colley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White.

Sex, Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodbury. Pa.

Duration of Residence in the City of Baltimore, about 2 Months

Place of Death, {Give street and number.} No 235 Linden Avenue

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) ~~Coma~~. Serous Effusion in Brain

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Woodbery - Bedford Co Pa

Date of Burial, August 18/76

Undertaker, N.W. Jenkins & Son

Place of Business, 16 Light St.

Wm H. Stokes, M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

(Transit 958)

[OVER.

Board of Health, City of Baltimore,

Permit No. 12275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1876 REGISTERED

Date of Death, August 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Donnelly Crowell

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} (Male)

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 94 N Carey Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions -

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Geo H. Dyster M. D.

Date of Burial, April 17th 1876 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* # 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

Date of Death, Aug 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cloane Wilkerson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Months, 11 Days. 16

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 421 Light St

Cause of Death, {First (Primary.) Cholera Infantum
Second (Immediate.) Cerebral Meningites

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 18

Undertaker, Armstrong & Denny

Place of Business, No 2. & Light St

Theodore Prettyman M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Fly. Arthur

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Washington Road

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Killed on R.R.

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician

Place of Burial, Louden Park

Date of Burial, Aug 17

Undertaker, Armstrong & Denny

Place of Business, No 263 Light St

R. G. Lee M. D.

N. U. ~~Co~~ Coroner's D.

Address Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12278

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. V. Mitchell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 109 Chestnut alley

Cause of Death, {First (Primary,) / Second (Immediate,)} convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 18th 1876

Undertaker, W. H. Bishop

Place of Business, Druid Hill *Address* Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of ~~births~~ and deaths of illegitimate children.

Information by James Mitchell

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Fehn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} no 3 Bruce st

Cause of Death, First (Primary,) Enteric fever

Second (Immediate,) Exhaustion "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet~~ Mt Lookout Cemetery

Date of Burial, 18th Aug

Undertaker, P. Kennedy

Place of Business, 317 Mulberry St

D. L. Buddenbohn M. D.
Medical Attendant.

Address no 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1870 BALTIMORE.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Dunson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Mar~~ Single

Occupation, Saloon

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Unknown

Cause of Death, First (Primary,) Drowned

Second (Immediate,) Supposed, Shot

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P Fulls

Date of Burial, Aug 16th

Undertaker, M H & Perry

Place of Business, 44 & W Pratt st

R. C. Lee M. D.
Medical Attendant.
Caroline & Do
Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Arthur Thomas Little

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* five *Months,* fourteen *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. } Infant

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 23 Cook St

Cause of Death, First (Primary,) Heat of weather

Second (Immediate,) Marasmus

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, aug't 18 1876

Undertaker, Jas S. Chalmers

Place of Business, Penn Ave

H. Christian M. D.
Medical Attendant.

Address 431 Lemmon Row

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16. August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Bonner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. Cor. Forest & Lombard

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheritis.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 18 1876

Holtmeyer M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 307 Central Ave Address 57 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REMARKS BELOW, and to LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

Date of Death, Aug 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Hemicker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, At Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 251 West St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, ~~Catholic~~ Cathedral Cemetery

Date of Burial, 18th August

S. Duttera M. D.
Medical Attendant.

Undertaker, Julius Kohler

Place of Business, cor Sharp & Pratt Address 154 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12284 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Simms

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 141 Preston St

Cause of Death, {First (Primary,) Second (Immediate,)} Dentition

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, August 18th 1876

{*Undertaker,* Chas. T. Scriven

Place of Business, 271 N. Eutaw st

W. F. Forsyth M. D.
Medical Attendant.

Address Drs. Nue & X Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12285 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 8 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 118 Hanover St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Aug 19th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St.,

R. C. Lee M. D.
Medical Attendant.

N. W. Co

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, 16th Aug 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie E Morrisson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 7 Fifth Avenue

Cause of Death, {First (Primary.) Diarrhoea
Second (Immediate.) Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel

Date of Burial, Aug 18th 1876

Undertaker, R Armstrong & Sons

Place of Business, 263 Light

R. H. Dodge M. D.
Medical Attendant.

Address 201 Hanover St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, 17th aug. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Etta Hoolcomb Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, ~~Not 24~~ Days. 4

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt No 192 Montgomery st

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 194 Montgomery

Cause of Death, First (Primary.) Stomatitis

Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Balt Cemetery

Date of Burial, Aug 18

Undertaker, Armstrong & Dorsey

Place of Business, 1203 Light st Address

H. P. Dodge M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~A~~ 12288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fenwick Pyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower? {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 258 W. Lexington St

Cause of Death, First (Primary,) Encephaloid Cancer.
Second (Immediate,)

Duration of Last Sickness, About 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Pembroke H. Noble, M. D.
Medical Attendant.

Date of Burial, August 18th 1876

Undertaker, Jos. Loane *Address* No 203 N. Lombard St

Place of Business, 588 W. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Roberts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty six Years, Eight Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Eastern Avenue

Cause of Death, First (Primary.) Crushed foot

Second (Immediate.) Tetanus

Duration of Last Sickness, Nineteen days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 18 1876

{Undertaker, James, P Byrne

{Place of Business, No 63 N Front St

Milton A Taylor M. D.
Medical Attendant.

Address 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...IANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* —— *Months,* 11 hours ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 Russell St

Cause of Death, {First (Primary.) Second (Immediate.)} Asthenia

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, Augt 18th 1876

Undertaker, Hercules Ross

Place of Business, 180 West St *Address,* Commissioners Board of Health & Registrar

~~Undertaker's Assistant~~ M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Emanuel Smith Father [Parent.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Gordon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 9 months. *Days.*

Color, White *Sex,* Female.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternité.

Duration of Residence in the City of Baltimore, 9 months.

Place of Death, {Give street and number.} (P. I. A) Fall. Road near Preston & Cathedral.

Cause of Death, First (Primary,) Mal-nutrition.

Second (Immediate,) Disord'd Stomach & bowels.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Aug 18

Date of Burial, Loudon Park

C. F. Brian M. D.

Medical Attendant.

Undertaker, J. H. Kippard.

Place of Business, 201 Eutaw

Address 241 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Seigman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {City, street and number.} Cor Gilmor & Prestman

Cause of Death, {First (Primary.) Inanition

Second (Immediate.)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 18

Undertaker, C W Bryant

Place of Business, 201 Pen ave

Wm. H. Latimer M. D.
Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16 1878

HEALTH DEPARTMENT AUG 18 1878 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Emily Jane Madden

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 31 yrs 1 mo

Place of Death, {Give street and number.} 331 Hoffman st. Balto Md

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, Aug 18

J. C. Hammer M. D.
Medical Attendant.

Undertaker, C. H. Blizard

Place of Business, 201 Penn ave *Address* 190 Penn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ing and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

Date of Death, Aug. 17th A. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. A. Clemmentz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 369 Orleans st.

Cause of Death, {First (Primary.) Marasmus / Second (Immediate,) & Lassitude

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, St. Alph. Cem.

Date of Burial, 2nd Aug 1876

{*Undertaker,* John Brame

{*Place of Business,* 77 S. Nor. st.

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt. & Mad. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry S. Hunt M. D.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Co. Md.

Duration of Residence in the City of Baltimore, Forty Five years.

Place of Death, {Give street and number.} 241 E. Pratt St.

Cause of Death, First (Primary.) Cholera Morbus

Second (Immediate.) Exhaustion

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, August 20th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

G. Glanville, Rusk M. D.
Medical Attendant.

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

Date of Death, Augt. 1 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Bryan (mother)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, BLK

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Lows alley

Cause of Death, First (Primary,) debility

Second (Immediate,) convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Augt 18th 1876

Undertaker, John C. Gordon

Place of Business, Park St

Address ~~Coroner~~ of Health & Registrar

M. D.

~~Medical Examiner~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 of August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlott Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} femal

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Semple

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lyshon Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 13 Booth Street

Cause of Death, First (Primary,) —

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Augt 18. 1876

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

Calvin Black M. D.
Medical Attendant.

Address 668 W. Fayette St
do do do do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th, 3.30 O'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Etta Zimmermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One (1) *Years,* One (1) *Months* Thirteen (13) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 104 S. Scott Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Aug 18? 1876.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St

Wm H. Belendiee M. D.
Medical Attendant.

Address 15 McHenry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12299

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, Aug. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin F. Russell

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, 20 *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 261 W. Lombard Street

Cause of Death, First (Primary,) Gastroenteritis.

Second (Immediate,)

Duration of Last Sickness, A day, and one night

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Shelton Hill

Date of Burial, Aug 18

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 907 West Baltimore Address 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, Aug 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis W Sinclair

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 23 N Sharp

Cause of Death, {First (Primary.) Accident} {Second (Immediate.) Fracture of base of skull}

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, Aug 18

Undertaker, J D Cook

Place of Business, 707 West Baltimore

Edmund R Walker M. D.
Medical Attendant.

Address Coroner B. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y F I

Board of Health, City of Baltimore,

Permit No. 12301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Sinclair

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. E. Cor Eager & Ensor S/S

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 19

Undertaker, Geo Schilling

Place of Business, Cor Smith & Monument st

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

...LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 BALTIMORE

Date of Death, Aug 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Samuel Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 16 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 17 Burke St.

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,) Eclampsia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 18th 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

James E. Lawrence M. D.
Medical Attendant.

Address 1916 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Bundschuh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boxmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Canton Brooks Furnace

Cause of Death, First (Primary.) Accidental

Second (Immediate.) Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Alysons Cem

Date of Burial, Aug 19th 76

Undertaker, A Köhler

Place of Business, 244 E Lombard St

Jno D Kershaw M. D.
Medical Attendant.

Address Corner Ex R R

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Fecher

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 S. Bethel St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Aug 19 1876

Undertaker, A Kohler

Place of Business, 244 E. Lombard St *Address* Commissioner of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

...s Certificate.

Permit No. 12305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

Date of Death, August 15th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Catherine Rebecka Steiner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ... *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 129 Ridgely st

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 129 Ridgely st

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,) one day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Aug 18th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Lees St. *Address*

J T Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Use of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, Aug 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McC Lear Pyatt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* One ~~Two~~ *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No. 385 E. Fayette St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, Three days and a half

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery E. P. Sons M. D.

Date of Burial, 18 Aug 5 Oclock PM Medical Attendant.

Undertaker, George C Rodenmyer

Place of Business, 138 Bond St Address 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

Date of Death, Aug 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Schlenker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Hull St. Locust Point

Cause of Death, First (Primary,) Child bed fever

Second (Immediate,) .....

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Aug 19 1876

C Edward Miller *M. D.*

Medical Attendant.

~~Undertaker~~ Joseph Miller

Place of Business, Hull St *Address* 143 S. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...n 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ...er the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...f death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12308 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Hooker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 127 N Dallas st

Cause of Death, {First (Primary,) Acute Rheumatism / Second (Immediate,) Cardio Endocitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, ~~Woodlawn~~ Evergreen Cemetery

Date of Burial, August 20th 1876

Undertaker, William A. Sunge

Place of Business, ~~No 64~~ East Street. Address Broadway & Madison Ave

Wm. E. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

Date of Death, Aug 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~8~~ *Years,* 6 *Months,* *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, de life

Place of Death, {Give street and number.} 23 Hills lane

Cause of Death, {First (Primary.) Infantile / Second (Immediate.) Marasmus

Duration of Last Sickness, sick all life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 18th 1876

Undertaker, William A. Stanger

Place of Business, No 104 East Street

Edmund Kirkbride M. D.
Medical Attendant.

Address Coroners M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, August 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth I Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 14 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 35 Hughes st

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 19th 1876 O. A. Cook M. D.

Medical Attendant.

Undertaker, Palmer Keckler

Place of Business, Cor Sharp & Cross sts Address Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Catharine Schmidt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventeen *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shrewsbury Penna

Duration of Residence in the City of Baltimore, about Ten years

Place of Death, {Give street and number.} 129 Columbia Av

Cause of Death, {First (Primary,) Typhoid fever

{Second (Immediate,) Paralysis & Convulsions

Duration of Last Sickness, About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 18th 1876

Elias C Price M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 262 Madison Av

Place of Business, Cor Sharp & Eutaw sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE.

Date of Death, August 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Bowaker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, two *Years,* one *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 54 N Spring st

Cause of Death, {First (Primary,) Meningitis traumatic

{Second (Immediate,) Convulsions

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas A & C Church

Date of Burial, August 19 1876

Undertaker, Riley Hook

Place of Business, 309 W. Baltimore Address 12 S. Eden st

L C Winternitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, August 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie A Hilde

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 53 Ettings st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Ettings st

Cause of Death, {First (Primary.) Irritation of Teething / Second (Immediate.) Convulsions}

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 18 august

Undertaker, C. H. Sligard

Place of Business, Dolphin & Pennsylvania Ave

C Winslow M. D.
Medical Attendant.

Address 29 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas O'Keefe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give street and number.} Farmers Yard Rear of No 65 Bank St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 19 1876

Undertaker, James H Byrne

Place of Business, No 63 Sth Front *Address* 84 E Bucks St

Charles Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

Date of Death, August 17, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Emma Lloyd

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 mo

Place of Death, {Give street and number.} 227 Chestnut st

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Loc Harf Stret

Date of Burial, 18 Aug

Undertaker, P. Kennedy

Place of Business, 311 Mulberry

E. M. Vastine *M. D.*
Medical Attendant.

Address 319 Chest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Feeney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 12 years

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Jones Falls & Eastern Ave

Cause of Death, {First (Primary,) Drowning} {Second (Immediate,) Asphyxia}

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 19 1876

Undertaker, James S Byrne

Place of Business, No 63 N Front St

Edmund Rowalker M. D.

Medical Attendant.

Address Corner N & P

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca C. Lambell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 2. *Years,* 3. *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, allways.

Place of Death, {Give street and number.} 315 N. Gilmour St

Cause of Death, First (Primary,) Second (Immediate,) Endocarditis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Aug 19th 4 P.M.

Undertaker, Reid & Hall

Place of Business, 233 E Balto

Louis C. Kerr M. D.
Medical Attendant.

Address 226 Southern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 8 A.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Crist

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 887 Canton Avenue

Cause of Death, First (Primary,) Bilious Dysentery

Second (Immediate,) .....

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician

Place of Burial, St Mathai Cemetery

Date of Burial, Aug 18th 1876

Undertaker, L. Eckard

Place of Business, 269 Canton Ave

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George F. Rodenmayer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.} None

Occupation, Boath maker and Life

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 99 Pine St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Thos. S. Latimer M. D.

Date of Burial, 19 Aug 9 p Oclock Medical Attendant.

{*Undertaker,* Geo. F. Rodenmayer *Address* 248 Madison Ave

{*Place of Business,* 38 Enson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12320 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sydia Hays

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 8 *Months,* 3 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Easton Talbot County

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 302 N Bond St

Cause of Death, {First (Primary,) Inflamation of the bowels

Second (Immediate,) three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cemetery

Date of Burial, Aug 20th

Saml S. Powell M. D.
Medical Attendant.

{*Undertaker,* Geo. Schilling

{*Place of Business,* Bergner & Monument St *Address* No 29 Aisquith St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patt Bridget Gibbins

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 10 Minute ~~Days.~~

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ~~4th~~ Cider alley

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 19 1876

M. D.

~~Undertaker,~~ Parents

~~Place of Business,~~ 32 Cider alley *Address* Commiss of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant Annie Johnson Col'd Nurse

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine H. Starr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 256. Madison Avenue

Cause of Death, {First (Primary,) Cancer of Breast

{Second (Immediate,) do

Duration of Last Sickness, About ten years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 19th

H. Carey Thomas M. D. Medical Attendant.

{*Undertaker,* R. K. Lemmon & Son

{*Place of Business,* 92 W. Fayette *Address* Baltimore Town

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Bailey,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, Colored, *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Caulker,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, Forty three years,

Place of Death, {Give street and number.} 160 N. Bethel St,

Cause of Death, First (Primary,) Old age,

Second (Immediate,)

Duration of Last Sickness, one day,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 18th 1876

Undertaker, John W. Locks

Place of Business, 42 S. Wolf St *Address* 207 S Broadway,

Nicholas L Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT AUG 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Belle S. Neal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 51 S. Durham

Cause of Death, First (Primary,) ____

Second (Immediate,) Infantile Convulsions

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Dubbs St. Cemetry

Date of Burial, Aug 18th 1876

Undertaker, John W. Loockerman

Place of Business, 59 S. Wolf st

G. L. Wilkins M. D.
Medical Attendant.

Address 51 S. Durham

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 17. 16.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Kelbermeyer.

~~Sex,~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cabinet-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} Washington University Hosp.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Effects of heat, (Sun)

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician

Place of Burial, St Alfonsus Cem

Date of Burial, August 19th 1876

Undertaker, H. Schultheis

Place of Business, E. Monument

A. L. Walker M. D.
Medical Attendant.

Address, Washington University Hospital

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Forrester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 140 Harford Ave

Cause of Death, {First (Primary.) Delirium Tremens

{Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Aug 19, 76

Undertaker, John F Todd & Sons

Place of Business, 112 & 114 Saratoga & Howard Sts

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rida Ann Cager

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, 7 Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} Stockton Alley bet. Lombard & Pratt

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Greer but Encumbered by

Date of Burial, Aug 19

James Bosley M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 539)

[OVER.

Board of Health, City of Baltimore,

Permit No. 12,328 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

Date of Death, August 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Fort Av. nr 40

Cause of Death, First (Primary.) Remittent fever

Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 19 1876

Undertaker, Silas Rachel

Place of Business, cor Sharp & Pratt sts

O. L. Buddenbohn M. D.
Medical Attendant.

Address 90 106 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

Date of Death, August 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Schuerholz

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 69 *Years,* 4 *Months,* 27 *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. Lived in U. S. 22 years

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 28 Columbia Street

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Collapsus

Duration of Last Sickness, 31 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, August 20 1876

Henry Salzer M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St *Address* 165 W. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12330 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th August 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Edward Hambleton

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 78 *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, { Give street and number. } # 27 N. Calhoun Street

Cause of Death, { First (Primary,) Paralysis
Second (Immediate,) Softening of Brain

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Geo H Taylor M. D.
Medical Attendant.

Date of Burial, August 20, 1876

{ *Undertaker,* H & J W Jenkins & Son
{ *Place of Business,* 16 Light St. *Address* # 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where there was no such attendance, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 12331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1916 BALTIMORE

Date of Death, Aug 18 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stastra

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 91 Lancaster St.

Cause of Death, {First (Primary,) Apoplexy. Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 19 1916

{ *Undertaker,* A. Kohler

{ *Place of Business,* 244 E. Lombard

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the City of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his jurisdiction, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th of Aug. 1876 Manenwiech

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hannewitch

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* *Days.*

Color, ~~White~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany (Hom) 12 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 165 S. Wolfe St.

Cause of Death, {First (Primary,)} Pthisis Tuberculosis for 2 mos

{Second (Immediate,)} Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, 5 German Reform St Paul Cemetary

Date of Burial, August 19th 1876

Undertaker, H. Froeklich

Place of Business, 946 Eastern Av

Address 245 S. Wolfe

Thathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1916 BALTIMORE

Date of Death, Aug 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Green

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 17th & Howard St city

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 22 16

Undertaker, H H Chase

Place of Business, 1131 Hanover St

T. A Casuby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 17th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Simmons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Maryland

Duration of Residence in the City of Baltimore, One Years

Place of Death, {Give street and number.} No 33 Williamson St

Cause of Death, First (Primary,) Cardiac valvular disease

Second (immediate,) Hydrothorax

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician

Place of Burial Emanuel M. Co

Date of Burial, Aug 20 16

Undertaker, H. W. Thomas

Place of Business, 1424 Howard

L. P. Dyer *M. D.*
Medical Attendant.

Address No 446 Hill St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of Illegitimate children.

(Transit 5240)

[OVER.]

Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 12335 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Wilson Frost

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Boarding house keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, Fourty years

Place of Death, {Give street and number.} No 3 Franklin St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) " "

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Perrymansville

Date of Burial, August 19th 1876

Undertaker, Thos L Hughes

Place of Business, No 60 E. Balto St *Address* 262 Madison Ave

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 524)

[OVER.

A K S·A F E T

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Brooks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 87 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Home Work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 48 East St

Cause of Death, {First (Primary,) Senility -

{Second (Immediate,) Asthenia

Duration of Last Sickness, Indefinate - Months & years

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19 1876

Undertaker, William Denger

Place of Business, No 104 East St

D Webster Cathell M. D.

Medical Attendant.

Address 42 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D

Board of Health, City of Baltimore,

Permit No. 12337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE.

Date of Death, August 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agusta Gebicka

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 213 South Washington St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, First St Paulus Cemetery

Date of Burial, 19th August 1876

Undertaker, Wm. Nicolaus

Place of Business, 253 Alice Anne St.

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Lexington Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] of Health, City of Baltimore,

Permit No. 12338 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A Dennis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 70 Arch st

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Aug 20th 1876

Date of Burial, Laurel Cemetery

Undertaker, Hellen & Gray

Place of Business, 66 Mulberry St

L C Underwood M. D.
Medical Attendant.

Address 125 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12339

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

Date of Death, Ellen C. Shields

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen C Shields

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 Forrest Alley

Cause of Death, First (Primary,) Not Ascertained

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 20 1876

Undertaker, William E Gray

Place of Business, Mulberry St

NEAR

____ *M. D.*
Medical Attendant.

Address 552 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hengemüller

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* three *Months,* ~~—~~ *Days.*

Color, White.

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, fifteen months

Place of Death, {Give street and number.} 4 S. Wolfe St. Baltimore

Cause of Death, First (Primary,) Brain fever

Second (Immediate,) Congestion of Brain + Coma

Duration of Last Sickness, One day

All the above information should be furnished by the Physician

Place of Burial, St Alysonsus beme

Date of Burial, August 19th 1876 A. B. Lyman M. D.
Medical Attendant.

Undertaker, A. Köhler

Place of Business, 494 E Sombard *Address* 375 E. Baltimore St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Cobb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 N. Howard

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 11 mths.

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, 19th 1876

Abram M. Amoss M. D.
Medical Attendant.

Undertaker, Conrad Treuth

Place of Business, 60 Park Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12342

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1916 BALTIMORE

Date of Death, Aug. 18 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa J. Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 68 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 416 N. Gilmor St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 19th 1916

Undertaker, H. Ley Snyder

Place of Business, 1921 Eutaw St

W. H. Baker M. D.
Medical Attendant.

Address 1 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12314 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Williams

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Don't Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Don't Know

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} Md State Prison

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Mashurbation

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, B P Cemetery

Date of Burial, Aug 16

Undertaker, Chas Stroupe

Place of Business, Park Heights Av

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 18 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phil Wilmer Harris

~~Sex.~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 16 *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 16 365 Ds

Place of Death, {Give street and number.} 205 or 105 (?) Eutaw St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 20/76

{*Undertaker,* Fred Hamilton

{*Place of Business,* Lexington St

R. M. Eastman M. D.
Medical Attendant.

Address 249 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1916 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 18

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Theodore A. Kilke

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, one *Years,* Six *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } No 285 S. Dallas St

Cause of Death, { First (Primary,) ({ Second (Immediate,) } Dysentery. I have seen the child two weeks ago and prescribed for Diarrhoea

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hyperion Cemetery

Date of Burial, August 19th

Undertaker, Hamilton Tigel

Place of Business, S. Bond St. 151

Dr. Hunteman M. D.
Medical Attendant.

Address 12 S. Dallas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1976 BALTIMORE

Date of Death, Augt 19. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Homer Ray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 43 Hicklin St

Cause of Death, { First (Primary,) Spleen Inflamation

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, augt 20 1876

Undertaker, Jacob Warren

Place of Business, 486 Druid Hill Ave *Address* 452 N Carey St

A Tinley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to procure a certificate within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial of the body of such deceased person, setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 12347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1916 BALTIMORE.

Date of Death, Aug 18th 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A Winkelman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 26 years in US

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number.} ~~[redacted]~~ 56 Greenmount Av

Cause of Death, First (Primary.) Accident

Second (Immediate.) Burn

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, N Athenaeus Cemetery

Date of Burial, Aug. 20th 1916

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Edmd R Wurdeman M. D.
Medical Attendant.

Address Corner E O

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 19 1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgianna Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 years *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baero Ct

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Hamburg St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Debility

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery Geo G. Brewer M. D.

Date of Burial, August 20th 1876 Medical Attendant.

Undertaker, William A. Lange

Place of Business, No 104 East Pratt. *Address* 258 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Susan Fowler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balt md

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 9 Caroline St

Cause of Death, {First (Primary.) Hydrocephalus / Second (Immediate.)} Sept

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, aug 20 1876

Undertaker Wm T. Jones

Place of Business, 162 S. Dallas *Address*

M. D.

Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Information by Lea Walker Midwife

Board of Health, City of Baltimore,

Permit No. 12360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE AUG 20 1876

Date of Death, Aug 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Brooks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Mine St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 4 or 5 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 20 1876

Undertaker, C W Isaac

Place of Business, 98 Howard

J. G. Miller, *M. D.*
Medical Attendant.

Address 87 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] Health, City of Baltimore,

Permit No. 12351

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} No 117 Conway St.

Cause of Death, {First (Primary.) Consumption

Second (Immediate.) 2 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 20 1876

Undertaker, I S W Chase

Place of Business, No 192 Howard St

R. C. Lee M. D.
Medical Attendant.

N. W. Cor

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore.

Permit No. 12352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 10 30 A.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarette Stahl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 329 S. Ann

Cause of Death, First (Primary.) Typhoid Fever

Second (Immediate.)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 20th August 1876

Undertaker, Jabez C. Schuh

Place of Business, 165 Mercer St.

James E. Donnelly M. D.
Medical Attendant.

Address 229 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Boon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* ——— *Months,* ——— *Days.*

Color, Mullato *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County.

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number.} No 6 Shields ally

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, ten months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, Aug 20 1876

{*Undertaker,* John C Jordan

{*Place of Business,* 63 Park Ave

H. B. Gardner M. D.
Medical Attendant.

Address 121 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12354

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Mrs Calvert

Sex, Male ~~or Female~~, {Cross out the word not required in this line,} Male

Age, 7 *Years,* 9 *Months,* 26 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 2 Madison between Howard and

Cause of Death, {First (Primary,) / Second (Immediate,)} Malignant Scarlet Fever

Duration of Last Sickness,

All the above information to be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug. 20 1876

Undertaker, W. A. Davis

Place of Business, 74 E. Pratt

Wm H. Clendinen, M. D.
Medical Attendant.

Address No 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12355

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE AUG 30 1876

Date of Death, Aug 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Gartner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, X *Years,* 7 *Months,* 6 *Days.*

Color, white

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 157 Sterling St

Cause of Death, {First (Primary,) Cholera; Second (Immediate,) Infantum}

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, August 20th

{*Undertaker,* Dyer

{*Place of Business,* 91 Eutaw

Edmund Walter M. D.
Medical Attendant.

Address Corner N & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12356 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos L Dunbar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cork Trimmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, 12 Years 2 M. 12 D.

Place of Death, {Give street and number.} 60 N. Schroeder St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Typoid Fever

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Aug 21

Undertaker, Peter Kinnet

Place of Business, 317 Mulberry

Jno L. Rice M. D.
Medical Attendant.

Address 37 Gould Hill Row

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Holthaus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} 229. E. Fayette St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Spasm

Duration of Last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, St. Aspernus Cemetery

Date of Burial, August 20

Undertaker, Franklin Diffel

Place of Business, S. Bond st 151

A. Bishop M. D.
Medical Attendant.

Address 137 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12358 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie M. Mudge.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hyannis Massachusetts

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 385 Gilmor

Cause of Death, First (Primary,) Old age.

Second (Immediate,)

Duration of Last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Geo H. Jones M. D.

Date of Burial, August 21st 1876 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave. Address Cor Lucas & Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12359

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE, MD.

Date of Death, Aug. 20 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm & Alda Wyatt Parents

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 15 minutes ~~Days.~~

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

~~*Birthplace,*~~ {State or country (and how long in the United States, if of foreign birth.} Balto City

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 287 Penna. Avenue

Cause of Death, {First (Primary,) Asphyxia

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug. 21st - 1876.

{*Undertaker,* J. J. Chalmers

{*Place of Business,* 202 Penn avenue

Saml. S. Knight, M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

Date of Death, August 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Barton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, all her days

Place of Death, {Give street and number.} 288 N. Henry St

Cause of Death, First (Primary,) Hepatic disease

Second (Immediate,) Dropsy

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. S. T. Knight

Date of Burial, Aug 21/76

Undertaker, Wm. H. Leonard & Son

Place of Business, 52 N. Eutaw

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12361

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel W Simering

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 109 Ridgley st

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Aug 22d

{*Undertaker,* Armiger & Denny / *Place of Business,*} *Address* 76 S Paca St

J. Abbey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Ritter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 324 Aisquith St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, August 22 1876

Undertaker, Henry Koch

Place of Business, 2[illegible] Central Ave

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Siebert,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty Eight *Years,* Ten *Months,* Twenty Six *Days.*

Color, White, *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sachsen, Meininger, Germany,

Duration of Residence in the City of Baltimore, Thirty five years,

Place of Death, {Give street and number.} 20 Pattersons ~~Avenue~~ Lane

Cause of Death, First (Primary,) Bronchitis,

Second (Immediate,)

Duration of Last Sickness, Six Months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22 d August 1876

Undertaker, John C. Schaefer

Place of Business, 165 Aisquith ~~and~~ Address 207 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert S. Lilly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 314 Hanover St

Cause of Death, {First (Primary,) Chronic Bronchitis / Second (Immediate,)}

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem *Thurston Co* M. D.

Date of Burial, Aug 22 Th 1876 Medical Attendant.

Undertaker, Julius Kachler *Address* 146 Hanover St

Place of Business, Cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

Permit No. 12365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary a. C. Peaster

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* 10. *Months,* 9. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 253 Battery Avenue

Cause of Death, First (Primary,)

Second (Immediate,) Cholerina Infantum

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem. *Kendrick* M. D.

Date of Burial, 21st of Aug 1872 Medical Attendant.

Undertaker, Philipp Seewald

Place of Business, 35 S. Eutaw St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hebberly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 414 Light

Cause of Death, First (Primary.)

Second (Immediate.) Chronic Diarrhea

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 21st 1876

Undertaker, Armstrong & Lemmon

Place of Business, 963 Eight St

By Thornton Gordon M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

Date of Death, August 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 185 S. Caroline St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Collapse

Duration of Last Sickness, 7 days Saw it once

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, August 21st

Undertaker, Pendleton Diffel

Place of Business, 2 Bond St 131

and Edmonds M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y F

Board of Health, City of Baltimore,

Permit No. 12368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Asa W Wessells

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } ~~D~~ Va

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 190 Scott St

Cause of Death, { First (Primary.) Softning of Spinal Cord
Second (Immediate.) 7 mo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Aug. 21st

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw St

J. Hanson M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

...Board of Health, City of Baltimore,

Permit No. 12369

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Ackermann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, white. *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } 220 Chase St

Cause of Death, { First (Primary,) Cancer of ~~the~~ liver

Second (Immediate,) exhaustion

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem F. A. Warner M. D.

Date of Burial, August 21 1876 Medical Attendant.

Undertaker, Henry Hauck

Place of Business, 269 Central Ave *Address* 250 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Bureau of Health, City of Baltimore,

Permit No. 12370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt. A McGuire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 711 E. Eutaw St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Bright's disease

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, 23rd inst at 4 o'clock P.M.

M. D.
Medical Attendant.

Undertaker, George C Roeder manager

Place of Business, 138 Eutaw st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Stone

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 53 *Years,* × *Months,* × *Days.*

Color, W. *Sex,* F.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Always.

Place of Death, {Give street and number.} 246 E. Monument St.

Cause of Death, {First (Primary,) Apoplexy. Second (Immediate.) Paralysis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 21st 1876

Undertaker, Wm H. Buckman

Place of Business, No 234 E Gay *Address* 186 Aisquith St.

A. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1253

Permit No. [redacted]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Dorsey Father

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [redacted] *Years,* [redacted] *Months,* 6 hours *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 43 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Oxford St

Cause of Death, First (Primary,) Prematurely born - 6th to 7th month

Second (Immediate,) Inanition

Duration of Last Sickness, lived five or six hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 21 - 1876

Undertaker, John G Gordon

Place of Business, 63 park ave

J E Atkinson M. D.
Medical Attendant.

Address 259 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12373

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 760 & 21 Cross St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage (Pulmonary)

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 22d 1876 Jno S Blake M. D.

Medical Attendant.

Undertaker, John S. Mackin

Place of Business, 150 Camden St *Address* 156 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12374 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth S. Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 97 *Years,* *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 471 E. Chase St

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 22 1876

Undertaker, H. H. Means

Place of Business, Gay St *Address* 241 S. Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12375 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Sommer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 yrs 11 mo

Place of Death, {Give street and number.} No 4 Lemmon St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 Years 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, August 21st 1876

Undertaker, Adam Kiedemeyer

Place of Business, 518 W. Baltimore St.

John Morris M. D.

Medical Attendant.

Address 5 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12376

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

Date of Death, Augt 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hall

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundle County Md

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 77 Jasper

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, Augt 21 1876

Undertaker, Marcellus Hall

Place of Business, Annapolis

W. B. Griffith M. D.

Medical Attendant.

Address 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12377

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 101 Hanover St

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, Aug 22 1876

Undertaker, Chas Koehler

Place of Business, 150 Wash'n Aves ct. *Address* 150 Hanover

D Deaver M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Ridgeway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 96 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Maryland

Duration of Residence in the City of Baltimore, Eighty years

Place of Death, {Give street and number.} 1 Fo 42 Lemon Alley

Cause of Death, First (Primary,) Senility

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23 76

Undertaker, W M Gheen

Place of Business, 19 N Broadway *Address*

H H Cox *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12379

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Shorell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 96 Goodmans alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 22 76

Undertaker, W. H. Elliott

Place of Business, 194 W Hamburg

R. A. Cooke M. D.

Medical Attendant.

Address Cor Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12380 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Ten Minutes after two o'clock this Morning Aug 18. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Vincent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Lived with father

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Raborg St. No 12

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 22 76

Undertaker, [illegible]

Place of Business [illegible]

Robert Fulton M. D.
Medical Attendant.

Address 1118 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12381

Health Department, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

Date of Death, August 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Straft

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 1 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 232 Preston St

Cause of Death, {First (Primary.) Scarlet Fever

Second (Immediate.) Convulsions

Duration of Last Sickness, 32 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Lem Cem

Date of Burial, Aug 23d 1876

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave

C Whitlock M. D.

Medical Attendant.

Address 29 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct Registry of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or some other person, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

Date of Death, ... August 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ..... Edward Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} ..... Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, ... White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ..... Single

Occupation, ... Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ..... New Jersey

Duration of Residence in the City of Baltimore, ... Short

Place of Death, {Give street and number.} ..... Basin foot of Montgomery St

Cause of Death, First (Primary,) ..... Accidentally

Second (Immediate,) ..... Drowned

Duration of Last Sickness, ... Short

All the above information should be furnished by the Physician

Place of Burial, V P Field

Date of Burial, Aug 20th

Undertaker, H H C Berry

Place of Business, 114 N Eutaw

R. C. Lee M. D.
Medical Attendant
Canton S. D.

Address Hanover Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Cuny

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 7 *Days.*

Color, ____

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 Months 7 Days

Place of Death, {Give street and number.} No 4 Miller N-

Cause of Death, {First (Primary.) Gastro Enteritis / Second (Immediate,)}

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21st August 1876

Undertaker, Joseph B. Cook

Place of Business, 707 W. Balto-

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Tinanus

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, her life

Place of Death, {Give street and number.} Baker Street west of Penna. Ave

Cause of Death, First (Primary,)

Second (Immediate,) old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetry,

Date of Burial, Aug 21. 1876

Wm H Davis M. D.
Medical Attendant.

Undertaker, Jacob Weaver *Address*

Place of Business, 4 Druid Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12385

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. E. Hammond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* *Months,* Eleven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 27 McCubbin St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Marasmus

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Aug 22nd 1876

Undertaker, John McCaffrey

Place of Business, 32 S. Wolf St

Wm H Clendinen M. D.
Medical Attendant.

Address 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Diggs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Norfolk Va

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 382 E. Baltimore St.

Cause of Death, First (Primary,) Convelcations

Second (Immediate,) Unknown

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21st 1876

Undertaker, ____

Place of Business, ____

James E Donnelle M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} John A Nicholson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Over *Years,* Two *Months,* *Days.*

Color, red

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Aug Pl 21 140

Cause of Death, {First (Primary,) Second (Immediate,)} Lockjaw / Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Dallas H Cemetery

Date of Burial, Aug 21 1876

Undertaker, John H Nocks

Place of Business, 67 S. Howard St

E. A. Baldwin, M. D.
Medical Attendant.

Address 124 N. Eutaw St

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Hales

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} 10 Lewis Court

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 1 yr or more

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Aug 21st 1885

Undertaker, John W. Cook

Place of Business, 47 S. Mill St

John T. Conner M. D.
Medical Attendant.

286 E. Ball st.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty-two *Years,* *Months,* *Days.*

Color, African descent *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House-Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Entire Life time

Place of Death, {Give street and number.} No 20 N. Durham Street

Cause of Death, First (Primary,) Chronic Dyspepsia

Second (Immediate,) Inflammation of the bowels

Duration of Last Sickness, About one Week

All the above information should be furnished by the Physician.

Place of Burial, Round Top.

Date of Burial, August 21 1876

A. J. Steele *M. D.*
Medical Attendant.

{*Undertaker,* John McCoy

{*Place of Business,* 132 S. Wolfe St *Address* No 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Cruchfield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~2 hours~~, *Years,* ..... *Months,* 2 days *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~.....~~

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 42 Saratoga St.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 42 Saratoga St Balto.

Cause of Death, First (Primary,) Atelectasis

Second (Immediate,) " "

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augs. 21. 76

J. N. Scarff M. D.
Medical Attendant.

Undertaker, William H. Dungee.

Place of Business, No. 104. East St.

Address S. E. Cor. Lee & Fayette Sts Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Hoonks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Convent - St -

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Abscess

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Dr J. Larkin M. D.

Date of Burial, Aug. 22 Medical Attendant.

Undertaker, Joseph B. Cook

Place of Business, 707 W. Balt. St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 22 1876 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lohas J Snap

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 21 *Days.*

Color, ____ *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 31 N Stricker St

Cause of Death, First (Primary,) ____

Second (Immediate.) Marasmus

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 22d 1876

Undertaker, Solon S. Macker

Place of Business, 150 Camden

David L Powell M. D.
Medical Attendant.

Address No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12393

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt. 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City (Life time)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 68 Cambridge st

Cause of Death, {First (Primary,) Congestion

Second (Immediate,) Spasms

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 22th 1876

Undertaker, H M Gilmeyer

Place of Business, 341 Canton Ave

M. Gatch M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Graham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 252 Chew St.

Cause of Death, First (Primary.) Albuminuria

Second (Immediate.) Anasarca

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Aug 23rd 1876

Undertaker, Hughes & Co

Place of Business, 45 S. Broadway

H. Glanville, Asst. M. D.
Medical Attendant.

Address Balt & Stark. sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

Date of Death, Aug. 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Aurheim

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S. Madeira Ave

Cause of Death, First (Primary,) Whooping Cough (Pertussis)

Second (Immediate,)

Duration of Last Sickness, Do not know

All the above information should be furnished by the Physician

Place of Burial, N. Alphonsus Cem.

Date of Burial, Aug. 20th 76

James F. McShane M. D.
Medical Attendant

Undertaker, Michael Jones

Place of Business, No. 20 Canton Ave. Address 257 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny May Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 203 Scott st

Cause of Death, First (Primary,) Infantile Gastro Intestinal Irritation

Second (Immediate,)

Duration of Last Sickness, About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 22 aug

Undertaker, C. F. Harrold

Place of Business, Hanover st

D. P. Hoffman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12397

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE MD.

Date of Death, Aug 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Fisher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} 55 Columbia Ave

Cause of Death, {First (Primary,) Second (Immediate,)} Fracture

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Aug 22nd 1876

Undertaker, Hughes & Co

Place of Business, 550 Fayette St

A Hewes M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12398 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug ~~Friday~~ 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara A Peregoy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 5-2 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} 378 N. Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Aug 23 d 1876

Undertaker, Hughes & Co

Place of Business, 550 Fayett St

Jos C Benzinger M. D.
Medical Attendant.

Address 319 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12399

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Adams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 6 *Years,* 2 *Months,* 10 *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Home Log Lane Ing & 22

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, Five Hours

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Junction

Date of Burial, Aug 23 1876

B. F. Hessman *M. D.*
Medical Attendant.

Undertaker, Arthur Garner

Place of Business, 41 Stockholm St *Address* 115 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 624

[OVER.

Board of Health, City of Baltimore,

Permit No. 12409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

Date of Death, August 22. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stanton Wilkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto. city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 350 N. Gay st.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Meningitis

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 21st/76

Undertaker, Geo. Schilling

Place of Business, Forsyth & Monument st

Geo. A. Hartman M. D.
Medical Attendant.

Address # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

Permit No. 12401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas E Warner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Western Maryland R R Depot Residence 112 Walsh

Cause of Death, {First (Primary,) Railroad} {Fracture of leg} {Second (Immediate,) Casualty} {& concussion of brain}

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 23d 1876

Undertaker, Jacob Weaver

Place of Business, No 426 Druid Hill Avenue

Edmund R Walker M. D.

Medical Attendant.

Address Corner W & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

Date of Death, Aug. 22 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Yost

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 5 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 203 Pierce St.

Cause of Death, {First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 23 Aug

Undertaker, P Kinsmeck

Place of Business, 317 Mulberry St

Sam'l T. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I L

Board of Health, City of Baltimore,

Permit No. 12403

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

Date of Death, Aug 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcella Antipo

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 South Howard St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, 24 Aug.

Undertaker, P. Kummert

Place of Business, 318 Mulberry St.

J. J. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st, 9.30 " 1876

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Doench

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 14 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 3 South St.

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Aug. 23.

Undertaker, G. H. Russing

Place of Business, 136 E Fayette

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

Date of Death, Aug 22 "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan M. Cougan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 yrs *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 487 N Chas St

Cause of Death, {First (Primary,) Spinal Meningitis

{Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Aug 22. 76

Undertaker, John I Rodenmayer

Place of Business, N E Cor Fremont & Monument St *Address*

Patrick Bobbett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aloysius Carroll Stafford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — 1 *Years,* 2a *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Cor of Baltimore and Gilmor St.

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Bal Co Cemetery

Date of Burial, Aug 23 1876

Charles H. Thomas M. D.
Medical Attendant.

Undertaker, I. B. Blackistone

Place of Business, Balt St Address 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August. 22. a m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Litz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months,* 22. *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saratoga

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 132 Saratoga St

Cause of Death, {First (Primary,) ~~1a~~ Months Consumption
Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 23rd 1876

{*Undertaker,* Henry Bramann
Place of Business, No 45 Clay St. *Address*

John S. Litzer. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12408 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1916 BALTIMORE

Date of Death, August 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Augustus Banks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 124 N Dallas St

Cause of Death, {First (Primary,) Gastro Enteritis

{Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, Aug 22 1876

{*Undertaker,* William Duncan

{*Place of Business,* No 10 N East Street

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

Date of Death, 8 mo 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Calvert

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 139 Lamvie St

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 139 Lamvie St

Cause of Death, First (Primary,) Marasmus,

Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 23 d 1876

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12410 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Linnard Moffett.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania.

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} 24 & Myrtle Avenue.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Thursday Aug 24/76

Undertaker, J H Weaver

Place of Business, Fayette St

J. H. Hoeck M. D.
Medical Attendant.

Address 75 E. Baltimore St.

BALTIMORE HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12411 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Snyder

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 17 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Walnut alley

Cause of Death, First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Ivens

Date of Burial, August 22 1876

Undertaker, Conrad Kunkel

Place of Business, 60 Park avenue

Geo L. Rice M. D.
Medical Attendant.

Address 37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

Date of Death, Aug 22.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angeline Weaver

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 465 Light St

Cause of Death, {First (Primary,) / Second (Immediate,)} Fibroid of the Uterus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 24 1876

{*Undertaker,* Armstrong & Denny / *Place of Business,* 269 Light St}

by Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] of Health, City of Baltimore,

Permit No. 12413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 22. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Francis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 319 N. Pond St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Cerebro-Spinal Meningitis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician

Place of Burial, Aug 24. 1876

Date of Burial, Balto Cemetary

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Geo. L. Heiman

Place of Business, 199. E. Madison *Address* # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas, Son of Wm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 302 S. Paca St

Cause of Death, First (Primary,) Scarlett Fever

Second (Immediate,) ———

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 23

Wm S. Johnson M. D.
Medical Attendant.

Undertaker, W B Cook

Place of Business, 707 west Baltimore St *Address* 183 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Fanny Creagh

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 - *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} United States

Duration of Residence in the City of Baltimore, Nearly Lifetime

Place of Death, {Give street and number.} 214 N Bridle St.

Cause of Death, {First (Primary.) Age

{Second (Immediate.) Heart Clot

Duration of Last Sickness, Few Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, August 23rd 1876

Chas A Donovan M. D.
Medical Attendant.

{*Undertaker,* Andrew Daly

{*Place of Business,* 13 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible] and cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 27 1916 BALTIMORE

Date of Death, August 21 st 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredericka Herling

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Abut 50 years

Place of Death, {Give street and number.} 67 Hamburg st

Cause of Death, {First (Primary,) old age

{Second (Immediate,) Pthisis Pulmonalis

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, August 23 rd

{*Undertaker,* C. Wegand

{*Place of Business,* 53 Druid Hill Ave *Address* 5 Fountain Ave

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Keiley

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} N Fourth 159

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Congestion &c

Duration of Last Sickness, Over year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Aug 23 76

Undertaker, John I Robinson

Place of Business, Water Cemetery and Monument Av

Chas C Donovan M. D.
Medical Attendant.

Address

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Conaley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 45 N. Chapple St.

Cause of Death, {First (Primary,) Scarlet fever, malignant} {Second (Immediate,) & Exhaustion}

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alyposius Cem.

Date of Burial, Aug 23rd 1876

Undertaker, A. Köhler

Place of Business, 246 Scarborough st.

A. Glanville, Res't ~~M.D.~~
Medical Attendant.

Address Balt. & Wash. Sts.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Irving

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 122 E Fayette St

Cause of Death, {First (Primary,) Pottisis Pulmonalis

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 23 Aug 5 Oclock P.M.

Undertaker, George A Rodenmayer *Address* No 72 E Pratt St

Place of Business, 138 Ensor St

John S Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Landow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* Twenty Four *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 351 Ramsay Street

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) ____

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, August 24th

John J. Wilson M. D.
Medical Attendant.

Undertaker, Wm H Leonard Son

Place of Business, 762 Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

Date of Death, 22nd August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} John J. Cenery

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Spring Garden av.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician

Place of Burial, Laurel Hunting

Date of Burial, Aug 23 76

Undertaker, J McShea

Place of Business, 158 Howard st

H. W. Webster M. D.
Medical Attendant.

Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore August 22 nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* Eight *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portsmouth Virginia

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} No 6 C. Penn St

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,) Apoplexy

Duration of Last Sickness, one days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23 76

Undertaker, B Whelan

Place of Business, 194 S Howard st

L. A. Dyer *M. D.*
Medical Attendant.

Address No 46 Hill St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Wallis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 228 Hughes St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23 76

Undertaker, [illegible]

Place of Business, 198 S Howard St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Barach

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} E Point Lane

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Augt 23rd 1876

Undertaker, Parents

Place of Business,

James A Steuart, M. D.
~~Physician in Attendance~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by L. Conrad Medairy

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1916 BALTIMORE

Date of Death, Aug 22 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R. Bobs.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 N. Castle St

Cause of Death, First (Primary,) Brain disease

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Aug 24 96

Undertaker, Robert Funk

Place of Business, 1235 Penn

Abram B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 10 A. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Merkendorff Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 2 S. Wolf Street

Cause of Death, First (Primary.) Chronic Bronchitis

Second (Immediate.)

Duration of Last Sickness, About 3 Weeks Low fever

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, August 24th

Undertaker, Michael Funk

Place of Business, No 85 Bank

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12427

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

Date of Death, Aug 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary La Fee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line,} Female

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 45th Market Space No 11

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Delirium Tremens

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetery

Date of Burial, August 23d 1876

Undertaker, James O Byrne

Place of Business, 100 W Fayette St

E. L. Baldwin *M. D.*
Medical Attendant.

Address 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 6 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Connaughton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Galway Co Ireland

Duration of Residence in the City of Baltimore, Fifteen 15 Years

Place of Death, {Give street and number.} 202 N. Front St.

Cause of Death, First (Primary,) Phthisis Pul =

Second (Immediate,) Syncope

Duration of Last Sickness, Seven 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Aug 23d 1876

Undertaker, Jas P Byrne

Place of Business, 63 N Front

N. J. Keirle M. D.
Medical Attendant.

Viz: Phys Balto Special Dispensary

Address N.E. Cor of North & Saratoga Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} child of Emma Dove

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 49 *Days.*

Color, Coloured *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bath Md

Duration of Residence in the City of Baltimore, 49 days

Place of Death, {Give street and number.} Gambert Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23 1876

J. L. Hammon M. D.
Medical Attendant.

Undertaker, J. Whalmes

Place of Business, 262 Penn ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thompson Carpenter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Little Pine St

Cause of Death, {First (Primary,) Brights Disease of Kidneys

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 23. 1876

W. B. Griffith M. D.
Medical Attendant.

{*Undertaker,* John C Gordon
{*Place of Business,* 63 Park Ave *Address* 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 August. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eduard Franke.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Austria (Prussia, Germania)

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number.} N 8 Miller St.

Cause of Death, First (Primary,) Cancer intestinorum (hypertr.

Second (Immediate,)

Duration of Last Sickness, 7 months in my care 4 last. 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 25 of August.

R. Jones, M. D.
Medical Attendant.

Undertaker, Adam Funk

Place of Business, 461 W. Bay St. *Address* N 205 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12432

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

Date of Death, Aug 22 nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Coe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, Light Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 2 Brewers Al

Cause of Death, First (Primary,) Consumption.

Second (Immediate,) Haemorhage from Lungs

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, Balt Co. Catonsville

Date of Burial, Aug 24th 1876

Undertaker, Wm Jones Jr.

Place of Business, 65 Mulberry St

B. F. Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Rospeth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Shiba Hanna.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy Eight Years, *Months,* *Days.*

Color, White *Sex,* Female.

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Fifty Eight Years.

Place of Death, {Give street and number.} N. 31 E. Pratt St.

Cause of Death, {First (Primary,) Inflammation of the bowels,
Second (Immediate.)

Duration of Last Sickness, Eleven Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 24 '76

Undertaker, John I Redenmayer

Place of Business, N E Cor Seamat- and Monument St

Nicholas L. Dorsett M. D.
Medical Attendant.

Address 207 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 12 M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Summers Summer.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 173. S. Carlisle st Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 173. S. Carlisle st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Eclampsia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, August 24th 76

James E. Tamille M. D.
Medical Attendant.

Undertaker, Henry Sonder

Place of Business, 252 Carlisle st. Address 299. E. Balto. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt. 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Frank Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 16 Boyd st.

Cause of Death, First (Primary,) Spasms

Second (Immediate,) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Augt. 24th 1876

Undertaker, Hercules Koss

Place of Business, 180 West pk

James H Steuart M. D.
~~Medical Attendant~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23d Augt 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Lambum

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 71 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Not known

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give street and number. } Aged Mens Home

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery Harford Road

Date of Burial, 25 August — 1876

{ *Undertaker,* H. W. Jenkins & Son

{ *Place of Business,* 16 Light St.

Geo H. Cooke M. D.
Medical Attendant.

Address #1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ame and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

Date of Death, augst 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Coggins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 1/2 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 116 Eager St -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 116 Eager St -

Cause of Death, First (Primary,) marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Aug 24 76

Undertaker, John J Podesmyer

Place of Business, N E Cor Belmont and Monument St

B Bowles M. D.
Medical Attendant.

Address 119 Aisquith St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 23rd 1876 10.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert McAlister Bennett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 374 E Madison St

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 374 E Madison St, W/s Biddle St

Cause of Death, First (Primary,) ——

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 26th 1876

Undertaker, Thos S. Hughes

Place of Business, Exeter St

A Gregg Sherfey M. D.
Medical Attendant.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

A K S A F E T

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Sarah A. Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 214 Hanover St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 26 1876

James A Steuart M. D.
~~Undertaker's Assistant~~

Undertaker, S. H. Chase

Place of Business, Howard St

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Joseph Johnson father

[OVER]

Board of Health, City of Baltimore,

Permit No. 12440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

Date of Death, 12th of Aug. 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Hetzke

~~*Sex*~~, *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 8 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 149 Forrest Street

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Suffocation

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 24 1876

Undertaker, Chas Rossing

Place of Business, 136 E. Baylt

Address 24 E. Pratt

J. Statham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Jane Holliday

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 7 *Days.*

Color, Colored *Sex,* female.

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr 2 mos 7 days

Place of Death, {Give street and number.} 26 gilbert st

Cause of Death, {First (Primary,) Concussion of the Brain
Second (Immediate,) Spasms

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 24th May

J. C. Hemmeter M. D.
Medical Attendant.

Undertaker, J. Kummel

Place of Business, 311 Mulberry St. *Address* 190 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul L. Skinner

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 189 Bank St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial,

Undertaker, M. A. Daly

Place of Business, 742 B'way

R. W. Mansfield M. D.
Medical Attendant.

Address 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 5244)

[OVER.]

...TO the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 BALTIMORE

Date of Death, August 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Schweigert

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, One — *Years,* — *Months,* — 18 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 243 Ann St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemty

Date of Burial, August 25th 1876

Undertaker, H Fockler

Place of Business, 246 Easton St

Thomas D Evans M. D.
Medical Attendant.

Address No 18 Lexington Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE MD.

Date of Death, Aug 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Emmet Baily

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Byrd st

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Aug 25th 1876

Undertaker, Timothy Deery

Place of Business, 269 Light st

J. E. Harrington M. D.
Medical Attendant.

Address 321 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Alexander Burns

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 13 Cambridge str.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery.

Date of Burial, August 25th

{*Undertaker,* M. Langrod

{*Place of Business,* 87 Lough St.

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} John Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 19 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 165 Peirce St

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial Laurel Cemetery

Date of Burial, Augt 24th 1876

James F. Heuisler M. D.

{*Undertaker,* W. Jas Gray / *Place of Business,* Mulberry St} *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bloxham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 1 *Months,* 2 & 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Keeper Hardware Store

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Burmingham England

Duration of Residence in the City of Baltimore, twenty five (Years)

Place of Death, {Give street and number.} 157 N High St

Cause of Death, First (Primary,) Typhoid fever Bilious complication

Second (Immediate,)

Duration of Last Sickness, twenty five days under professional care

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Friday August 25th

George L Watson M. D.
Medical Attendant.

Undertaker, Henry McMears

Place of Business, 45 North gay st Address 58 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...RELATED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt. 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Glasgow

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 11 Druid Hill Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt. 25th 1876

Undertaker, Wm Jas Gray

Place of Business, Mulberry St.

James A Steuart M. D.
Medical Attendant.

Address 93 Parrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant King Parents Archib King Molly King

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 hours ~~Days~~.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 68 S. Chapel st.

Cause of Death, First (Primary,) about six hr. Uterogestation

Second (Immediate,) Asphyxia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, W. P. Cemetery

Date of Burial, Aug 24th 1876

Undertaker, Chas. Stuber

Place of Business, W. Pratt St,

James F. Steuart M. D.
~~Medical Attendant~~

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - Ellen Koch Midwife (Col'd.)

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Ann Abott.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 6 *Years,* 5 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number. } 178 Montgomery St

Cause of Death, { First (Primary,) Dysentery / Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Augt 25th 1876

Wm. A. Bell M. D.
Medical Attendant.

Undertaker, Pounts

Place of Business, 178 Montgomery St *Address* 167 So. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

Date of Death, Aug 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolph Charles Wenzel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballo City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 154 Shark St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulm.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, 25 August 76

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

D Tillerson M. D.
Medical Attendant.

Address 154 Shark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

Date of Death, 23 August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ ~~Months~~, 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 13 days

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary,) marasmus

Second (Immediate,) Spasms

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 25 August 1876

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Mcelroy Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12453

...y, invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 24 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred Dickson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } B City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 441 Crop st

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 25th 1876

Undertaker, Julius Kochler

Place of Business, Cor Sharp & Cross st *Address* 76 Light St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12452

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della Bell Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 — *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1. Duncan alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Aug 24 76

Undertaker, [illegible]

Place of Business, 198 S Howard st

W. R. McShane M.D.
Medical Attendant.

Address 582 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12455 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Skelly.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, White washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Princess Ann Md

Duration of Residence in the City of Baltimore, 24 yr

Place of Death, {Give street and number.} 33 Granby St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, 3 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 24 76

Undertaker, S W Chase

Place of Business, 194 W Howard & 11

P. S. Kummer M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Risdon Merrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one Years & six Months, Days.

Color, Fair - *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} ~~492~~ E. ~~Chase~~ 13. McCulloh st.

Cause of Death, First (Primary,) Sudden Failure Pneumonia.

Second (Immediate,) with Congestion of Lungs.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Aug 25/76

E. M. Gordon M. D.
Medical Attendant.

Undertaker, Wagley

Place of Business, 511 ½ Broadway *Address* 166 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25 / 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate A. Houck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 / Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 202 S. Ann

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, H. C. Burial Ground

Date of Burial, 26 Aug

Undertaker, [illegible]

Place of Business, 1155 Bond

[illegible] M. D.,
Medical Attendant.

Address 69 S. Grove [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...numbers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Goodwin

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 Chancellor St

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, Aug 25 - 76

[redacted] *M. D.*
Medical Attendant.

Undertaker, John F Rodenmayer *Address* 58 N Exeter St

Place of Business, Cor Fremont & Lemmont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12459

...ENTITLED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel O'Connor.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51. *Years,* —— *Months,* —— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Nearly all his life.

Place of Death, {Give street and number.} 26 Jackson Alley.

Cause of Death, First (Primary.) Consumption of Right Lung & Bowels,

Second (Immediate,) do

Duration of Last Sickness, about five months.

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral Cemetery

Date of Burial, August 23rd 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* No. Exeter St

H. D. Johnson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12460

...specially invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Dever

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, / *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} B city. life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 287 S Paca St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cem

Date of Burial, August 25th 1876

Undertaker, John S Macher

Place of Business, No 150 Camden St

L H Bevey M. D.
Medical Attendant.

Address 26 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ase of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine S Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, whb

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Scotland 20 mos in US

Duration of Residence in the City of Baltimore, 20 mos

Place of Death, {Give street and number.} Loney's Lane near Monument

Cause of Death, First (Primary.) Accident

Second (Immediate.) Drowning

Duration of Last Sickness, Instn death

All the above information received from Relatives or Friends.

Place of Burial, ~~Hollingsworth~~ Methodist Cemetery

Date of Burial, Aug 25/76 D

Undertaker, Hughes & Co

Place of Business, 532 N Fayette St

Edmund Rwicke M. D.
Medical Attendant.

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August. 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} ~~August~~ Charles Klingeberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30. *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 331. William

Cause of Death, {First (Primary.) / Second (Immediate.)} Typhoid Fever

Duration of Last Sickness, 4 ~~Weeks~~

All the above information should be furnished by the Physician

Place of Burial, Western Cem^y Theodore Boetz M. D.
Medical Attendant.

Date of Burial, Aug 25th 1876

Undertaker, Jacob Kackley *Address* 146 Hanover st

Place of Business, cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ow, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simond Fink

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 212 Sterling st. city

Cause of Death, {First (Primary,) Nefshritis & Peritonitis

{Second (Immediate,)

Duration of Last Sickness, nine days - first visited him on the 22d inst.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, August 25 1876

Undertaker, Henry Hook

Place of Business, 20 Central Ave

W. R. Billingslea M. D.

Medical Attendant.

Address Cor. Hartford Ave & Biddle st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12414, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

Date of Death, August 24th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Caton Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* Fifteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Mulberry & Appleton Sts

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, Augt 25-1876

Chas. H. Goff M. D.
Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St *Address* 306 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ow, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug – 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Scroter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} U. S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 19 : Pennsylvania Ave

Cause of Death, {First (Primary,) Whooping-Cough; Second (Immediate,) Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 25th Aug

Undertaker, S. Kirkwood

Place of Business, 317 Mulberry St.

J M Anthon M. D.
Medical Attendant.

Address 192 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12466 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

Date of Death, August 24th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Laura Calvert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* *Months,* Thirty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. East Madison St. near Aisquith St.

Cause of Death, First (Primary,) —

Second (Immediate,) Malignant Scarlet Fever

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 25th 1876

Undertaker, W. A. Aliger

Place of Business, 74 S. Broadway

Wm H. Clendenin M. D.
Medical Attendant.

Address No. 127 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 12467

Board of Health, City of Baltimore,

Permit No. 12467

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Nelson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Cohens Court

Cause of Death, {First (Primary,) —

{Second (Immediate,) Quinsey

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Prot Cemetery

Date of Buriol, Sept 25th 1876

Undertaker W. H. C. Perry

Place of Business, 448 W. Pratt St *Address* James A Steuart M. D.

Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D Lepson, W. Police Station

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23. Aug. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Jos. Harrison

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 96 Albemarle Street

Cause of Death, First (Primary,) Tubercle of mesenteric glands, Atrophy

Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, M. Patrick's

Date of Burial, August 25th

Undertaker, Michael Feuntz

Place of Business, 1435 Bank St.

Mahlon Brewer M. D.
Medical Attendant.

Address 201 N. Bridge St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Chas. Watkins

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 9 *Days.*

Color, col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 176 Wayne St

Cause of Death, First (Primary,) Remittent Fever

Second (Immediate,) Congestion Lungs

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery C. W. Cotton M. D.

Date of Burial, Aug 25 76 Medical Attendant.

Undertaker, J. M. Lyons

Place of Business, 1898 Howard st *Address* 166, S. Paca, St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12470

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

Date of Death, August 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Sorman.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* 8 *Months,* & 26 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Teacher.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and number.} 206 Mosher st.

Cause of Death, First (Primary,) Inflammation Rheumatism, leading Aortic Valvular Obstruction

Second (Immediate,) Pulmonary Congestion.

Duration of Last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetary John Dickson M. D.

Date of Burial, Aug 25th 1876 Medical Attendant.

Undertaker, Mc Shea & Co

Place of Business, 330 Fayette *Address* 26 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12471

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lou Delia Green

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 5 *Months,* *Days.*

Color, *Sex,*

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 Somerset St.

Cause of Death, {First (Primary,) Chronic Dysentery

Second (Immediate,) Four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 26th 1876

Saml. J. Powell M. D.
Medical Attendant.

Undertaker, C C Rademaker

Place of Business, 38 Exchange Pl

Address No 29 Asquith St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12472

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt. 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J Isaac Connolly Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 South Street

Cause of Death, {First (Primary,) Unknown / Second (Immediate,)}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Augt 26 1876

James A Steuart M. D.
Medical Attendant

Undertaker, I. B. Cook

Place of Business, Balt St Address Commiss of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

No. 12473

... respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Batke

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number.} 46 Dendulf St.

Cause of Death, First (Primary,) Remittent Fever.

Second (Immediate,) Gastric Remittent Fever.

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed Cemetery

Date of Burial, August 25th 1876

J. H. Martin, M. D.
Medical Attendant.

Undertaker, F. C. Fockler

Place of Business, 246 Eastern Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y F

No. 12474

Attention is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1876 11 30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Fr. McAlister

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 374 E Madison St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 374 E Madison St

Cause of Death, {First (Primary,) Diptheria

Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 26th 76

A Greg Shertzer M. D.
Medical Attendant.

{*Undertaker,* Thos F Hughes
Place of Business, 60 E Balto} Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

KODAKS

No. 12475

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday Aug 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah E. Bailey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balmr

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Chas L Sims & Sons — N. Broadway

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 26th

S. D. Garvin M. D.
Medical Attendant.

Undertaker, of no S. Mosher

Place of Business, 152 Camden *Address* Chas L Sims & Sons 7 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...marks below, and to List of Diseases on back of t... ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, Aug 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E. Vickers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 25 Burrough St.

Cause of Death, First (Primary,) Indigestion.

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 S hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug. 27, 1876

Undertaker, H. A. Dain

Place of Business, 74 S Broadway

BALTIMORE, MD. 1876 AUG 28 C. J. H. SMITH

M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 8. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12477

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Jonkoskie

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, 4 *Years,* —— *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 265 Alice Anna St

Cause of Death, First (Primary,) Malarial Trouble

Second (Immediate,) Congestive Chill

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Alphonsus~~ St. Michaels

Date of Burial, Augt 27 1876

Undertaker, Peters —

Place of Business, — —

Ernest Sherard M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Joseph Jonkoskie father [illegible]

No. 12478

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12478.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26, 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Martha Liedtke

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 75 *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } 284 Light St

Cause of Death, { First (Primary,) Carcinoma

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 27

{ *Undertaker,* Henry Brill

{ *Place of Business,* Henrietta 1681

96 B Stotle M. D.
Medical Attendant.

Address 17 Miami Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12479

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 Th August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brigger

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 28 *Years,* *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Niclaus. Oberwallis. Switzerland 5 years in U. S.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Light Street 203

Cause of Death, First (Primary,) Typhus

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Church cemetery

Date of Burial, 26th August

Dr F Reinhard M. D.
Medical Attendant.

Undertaker, Ch. Hewlet

Place of Business, Hanover Street

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12480

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th Aug 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Coates

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* 3 *Days.*

Color, White ~~Sex,~~

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give street and number.} 262 W. Lombard St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 27th August 1876

Undertaker, Henry W. Jenkins Son

Place of Business, 16 Light St.

Wm. W. Dunn M. D.
Medical Attendant.

Address 166 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in this said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case is under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person having charge of the burial, a Certificate setting forth, so far as can be ascertained, the date of death, sex, race, color, nativity, occupation, place of residence, whether married or single) of the person deceased, and the names of the parents, stating the names of living and deceased children, and of legitimate children.

[OVER.

...invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Hartung

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 7 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, N

Place of Death, {Give street and number.} 170 Central ave

Cause of Death, {First (Primary,) Congestive Fever

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery Baltimore

Date of Burial, August 26 *M. D.*

Medical Attendant.

Undertaker, George C Perrin

Place of Business, Address E Eager St. N° 399

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12482

... respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Dimon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 100 Richmond St Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 100 Richmond St

Cause of Death, First (Primary,) Meningitis Acute

Second (Immediate,) ...

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Shaleom Cemetery Jewish Cemetary

Date of Burial, Aug 27 1876

Thos. S. Latimer M. D.
Medical Attendant.

Undertaker, Henry Meyer

Place of Business, 106 N. Howard St *Address* 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after such death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12483

RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Emeline Baxter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 53 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Eighty Months

Place of Death, {Give street and number.} 35 S. Chaplain St.

Cause of Death, {First (Primary,) Cancer (Breast)

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery Wm H. Clendinen, *M. D.*

Date of Burial, Aug. 26 1876 Medical Attendant.

{*Undertaker,* M. A. Daiger

{*Place of Business,* 74 S. Broadway *Address* 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12484

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sydney S. Baxter,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 262 E. Lombard St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) & Laryngitis

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 27th

Medical Attendant, J. Glanville, Jr. M. D.

Undertaker, M A Daiger

Place of Business, 4 & 6 E. Broadway *Address* Balt & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12485

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Zulauf.

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, 46. *Years,* 5. *Months,* 18. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married —

Occupation, merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 34 yrs. 4 months.

Place of Death, {Give street and number.} 158. McCulloh St.

Cause of Death, {First (Primary,) Ulceration of Stomach

{Second (Immediate,) Hemorrhage —

Duration of Last Sickness, Three or four days —

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 27. 1876

Wm Dohme M. D.
Medical Attendant.

Undertaker, Chas. Kugler

Place of Business, 136 E. Pratt *Address* 86 N. Forrest, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12486

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt Dystance

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 53 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 2 Wilmore Alley

Cause of Death, First (Primary.) Chronic Diarrhea.

Second (Immediate.) I do not know, Did not attend her

Duration of Last Sickness, " " " " " "

All the above information should be furnished by the Physician

Place of Burial, Forest Cemetery

Date of Burial, Aug 26th 1926

Undertaker, Wm. James Jr

Place of Business, 45 Mulberry St

W. H. Krug M. D.
Medical Attendant.

Address 53 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12487

ATTENTION OF PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth B. Pentland

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} On Greenmount ave Balt

Cause of Death, First (Primary,) Severe Cold

Second (Immediate,) Phthisis Pulmonans

Duration of Last Sickness, about Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 27th 1876

J. M. Hammond M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St *Address* 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of ...S CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled-out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Stockton Seymour,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White,

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the wor ls not required in this line.}

Occupation, Schoolady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born City

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 29½ W Pettimore Se,

Cause of Death, {First (Primary,) Phthisis Pulmonalis,

{Second (Immediate,)

Duration of Last Sickness, 11 Weeks.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, August 28th 1876

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

John L. L. Roper M. D.
Medical Attendant.

Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12489

...ection of Physicians is respectfully invited to the remarks below, and ... back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Boyd Dinan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* Seven *Months,* eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Patterson Avenue No 105

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Uraemia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, August 27th 1876

L. C. Spamon M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 39 N Liberty st *Address* N. Carey St No 128

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12490

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Conway

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 6 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 45 Years 6 Months

Place of Death, {Give street and number.} Lombard St Infirmary

Cause of Death, First (Primary,) Chronic Dysentery

Second (Immediate,) asthenia

Duration of Last Sickness, one Month 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters burg J H Clawson M. D.

Date of Burial, Aug 26 Medical Attendant.

Undertaker, A & R & Poe

Place of Business, 408 W Pratt *Address* Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK of this CERTIFICATE. 2491

Board of Health, City of Baltimore,

Permit No. 12491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Celine Hood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 12 Days.

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Romney St

Cause of Death, {First (Primary,) Dentition
Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, 9 week. 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Aug 29. 1874

Undertaker, A B Cook

Place of Business, 707 W. Pratt Baltimore *Address* 379 W. Lombard St

H. L. Blair M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ly invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 12492

Board of Health, City of Baltimore,

Permit No. 12492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kuhn

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} No. 19 Warren St

Cause of Death, {First (Primary,) Effects of Burn

{Second (Immediate,)

Duration of Last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Sunday Aug 27/76

{*Undertaker,* John C. Ford

{*Place of Business,* 77 W. Monument St

R. M. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ertificate.

Board of Health, City of Baltimore. 12493

Permit No. 12493

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25: 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary. Francis. Carter

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, Mulatto *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. City. Md.

Duration of Residence in the City of Baltimore, 14 Mos

Place of Death, {Give street and number.} # 275. Mc Donough. St

Cause of Death, {First (Primary,) Bronchitis. Second (Immediate,) Apnoea

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August. 27th 1876

Undertaker, William A. Lange

Place of Business, No 104 East Stt Address 235. N. Broadway.

H. B. O'Leary M. D.
Medical Attendant.

AUG 27 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No: 12494

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Emma Krause

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, / *Years,* / *Months,* ~~*Days.*~~

Color, Black *Sex,* Female

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bruce No 29

Cause of Death, First (Primary,) Teething

Second (Immediate,) Summer Complaint

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 27th 1876

E. A. Shutz M. D.
Medical Attendant.

Undertaker, William A. Dunger

Place of Business, No 104 East Shar Address No 11 Sarrington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 12495

Board of Health, City of Baltimore,

Permit No. 12495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1916 BALTIMORE

Date of Death, Aug. 23th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Belle Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 106 Price Court

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August. 27th 1876

Undertaker, William A. Dauer

Place of Business, No 104 East Pratt. *Address* 111 Greenmount Ave.

Silas A. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12496

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

Date of Death, Aug 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Widow

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible] S. Howard St

Cause of Death, {First (Primary.) Second (Immediate.)} Cancer disease

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Aug 28th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

No. 12

Board of Health, City of Baltimore,

Permit No. 12497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 h 30 m P. M. 28th August, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth McKinley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, She lived here the 12 1/2 years of her life

Place of Death, {Give street and number.} 112 Dolphin St - while on a visit.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) "

Duration of Last Sickness, as near as I can judge about 2 weeks - I have attended her for five days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, August 29th 1876

Undertaker, Chas. S. Scriven

Place of Business, 211 N. Eutaw St

Wm. J. Smith M. D.
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the Remarks Below, and to List ... on Back of this Certificate. 12498

Board of Health, City of Baltimore,

Permit No. 12.498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62. *Years,* 5. *Months,* 5 *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 59. James Alley

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 28th inst.

Undertaker, Chas. Webber

Place of Business, 362 Hanover

Thornton Cox M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...s 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...cian who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...ame can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ... and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 12499

Board of Health, City of Baltimore,

Permit No. 12499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Ehlers

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W *Sex,* F

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 272 S. Bond St.

Cause of Death, First (Primary,)

Second (Immediate,) Dropsy

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, H. Zinsle Cemetery

Date of Burial, August 27 4

Undertaker, Leonhard Kurz

Place of Business, S. Bond St. & 277.

H. J. Rennolds M. D.
Medical Attendant.

Address Insgnith St. near Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...cian who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...ight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...e far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...e cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augst 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Hartman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Preston & Gilmer

Cause of Death, First (Primary.) Mal-formed cranium

Second (Immediate.) Spinal irritation

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 27

Undertaker, C. W. Blizzard

Place of Business, 201 Pen ave

H. O. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth - Neal

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 52 — *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, Eighty Years

Place of Death, {Give street and number.} Green Nr. Ave -

Cause of Death, {First (Primary,) Tuberculosis

Second (Immediate,) Phthisis Laryngeal

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Aug 27

{*Undertaker,* Ott Blizzard

Place of Business, 201 Penn ave *Address*

Phil Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 12,802. ⊙ OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Catharine Bolenius

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 52 *Years,* 1 *Months,* 1 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lancaster Co Pa

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 14 Elbing St

Cause of Death, First (Primary,) Cancer of womb

Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Pa

Date of Burial, 29th August

Undertaker, Scrivener Co

Place of Business, Eutaw St

C Winslow M. D.
Medical Attendant.

Address 23 McCulloh St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 5245

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 12,503.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Branan.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgetown D. C.

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and number.} 176 Fremont St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, Aug 28th 1876

Undertaker, [illegible]

Place of Business, No 707 W Baltimore Stree *Address* 98 N Greene St.

Silas D Pennington. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Fremont 5746

7

The Special Attention of Physicians is respectfully invited to the remarks below [illegible]

Board of Health, City of Baltimore,

Permit No. 12,504 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis E. Lash,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty Six *Years,* *Months,* *Days.*

Color, White, *Sex,* Male,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portsmouth Virginia,

Duration of Residence in the City of Baltimore, Four Years,

Place of Death, {Give street and number.} No. 222. Alice Anna St.

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia,

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 27 1876

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Caston St *Address* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12505.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 27. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Sprucebanks

~~*Sex*~~, *Male or Female,* {Cross out the word not required in this line.} Sprucebanks

Age, 2 *Years,* 10 *Months,* 0 *Days.*

Color, wht *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 2 yr 10 m

Place of Death, {Give street and number.} 368 Cathedral st

Cause of Death, First (Primary,) Lepthena

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem *G. L. Tiffany hill* M. D.

Date of Burial, August 28th 1876 Medical Attendant.

Undertaker, Chas. T. Scriven *Address* 129 W Biddle

Place of Business, 270 W Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of th...

Board of Health, City of Baltimore,

Permit No. 12506

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26 "1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} R. Robert Moore

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 87 Burgundy alley

Cause of Death, {First (Primary,) Artificial Nursing
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug 28 "1876

Undertaker, S. H. Chase

Place of Business, S. Howard St

Jas. A. Steen M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Moore Mother

[over]

FETY FILM

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE [illegible]

Board of Health, City of Baltimore,

Permit No. 12507

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

Date of Death, Aug 26 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winfred Tidyll

Sex, Male or Female, {Cross out the word not required in this line.} 1

Age, *Years,* 16 *Months,* 26 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 159 ~~Hab~~ Hughes St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Diphtheria & Laryngitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters. Cem

Date of Burial, Aug 28 1876

Undertaker, C F. Kra[redacted]

Place of Business, 209 Hanover st *Address*

E Elliott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 12508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

Date of Death, August 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magnila C. Gerhauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Amsterdam Holland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} N.W. Corner Calhoun & Fayette Streets

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Hemorrhage from [illegible]

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Aug 28 1876

Undertaker, C. F. Krause

Place of Business, 204 Harrison st *Address*

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF PENALTIES ON BACK.

Board of Health, City of Baltimore,

Permit No. 12509

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Reilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 524 Hillman St

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, August 28 1876

Undertaker, James H Byrne

Place of Business, W. Cor Fremont & Ft

Jm. Burke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

Permit No. 12570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Donnelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 2 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 62 Hillman St

Cause of Death, {First (Primary,) Mal nutrition

{Second (Immediate,) diarrhoea

Duration of Last Sickness, all ti life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemty

Date of Burial, Aug 27 1876

Undertaker, Jas P Byrne

Place of Business, Front St *Address* Jas P. Byrne M. D. ~~Undertaker~~ Physician

Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, [illegible]

Board of Health, City of Baltimore,

Permit No. 12571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Desch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty three *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Born

Duration of Residence in the City of Baltimore, Twenty nine years

Place of Death, {Give street and number.} 417 Gay St.

Cause of Death, First (Primary,) Intussusception

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 28th 1876

W. W. White M. D.
Medical Attendant.

Undertaker, Henry Heath

Place of Business, Cor. N. Central Av. *Address* 241 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 187

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Haug

Coach

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 99 S. Bun st.

Cause of Death, {First (Primary.) Chronic ulcer of Stomach

Second (Immediate.)

Duration of Last Sickness, My attendance 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, August 28th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

John F. Commins M. D.
Medical Attendant.

Address 5 Ltr. & Calvert Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventy One Years, Six Months, Days.

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 290 E Chase St

Cause of Death, {First (Primary.) Asthma with Haemoptysis
Second (Immediate.) Haemoptysis

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician

Place of Burial, Quaker Ground Hanford Road

Date of Burial, Aug 29 /76

Undertaker, Hughes

Place of Business, 65 S Broadway

A Hartman M. D.
Medical Attendant

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the remarks below, and to list of ...

Board of Health, City of Baltimore,

Permit No. 12574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Willetts

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, Three days

Place of Death, {Give street and number.} On board Schooner A. T. Willetts

Cause of Death, {First (Primary.) Cholera infantum

{Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Jersey

Date of Burial, August 27th 1876

{*Undertaker,* D. Hughes & Co

{*Place of Business,* 65 S. Broadway

James Shenner M. D.
Medical Attendant.

Address 97 E. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 8747

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 17 Union alley

Cause of Death, {First (Primary,) Cholera Infantum; Second (Immediate,) Spasm

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Levi's Cemetery

Date of Burial, Aug 28 1876

Undertaker, William Dorsey

Place of Business, No 10 E Eutaw St

J. Glenn M. D.
Medical Attendant.

Address 187 Alleghany St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12576

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franziska Skimanek

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex married

Occupation, housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia (Austria) eleven years

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} No 352 S. Oakland st

Cause of Death, {First (Primary,) Intussusception

{Second (Immediate,) —

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Agnes

Date of Burial, Aug 28th

Undertaker, Jno. Schilling

Place of Business, 21 Penn Avenue *Address*

Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 12517

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Sands

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 368 Cathedral St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem G L Tannyhill

Date of Burial, August 28th 1876

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address* 129 N Biddle St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12578.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Leach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 20 Forest Place

Cause of Death, {First (Primary.) General Debility

{Second (Immediate.) ~~"~~

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 28th 1876

{*Undertaker,* Henry W. Mears

{*Place of Business,* 45 N Gay St

Geo. B. Reynolds M. D.
Medical Attendant.

Address 34 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12579 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE.

Date of Death, Augt 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet E. Williams

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 13 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 271 Lovegrove alley

Cause of Death, First (Primary.) artificial nursing

Second (Immediate.) Mal Infantum

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 28th 1876

Undertaker, John C Jordan

Place of Business, Pork St

James H Elmes M.D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by Mary Hamilton - who took it to raise

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS [illegible]

Board of Health, City of Baltimore,

Permit No. 12,520 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th August 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie J. G. Speddon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 118 Hanover st.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, 28 August

Undertaker, Armstrong & Denny

Place of Business, 263 Eighth *Address* 57 Barre st.

H. W. Mebius M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REGULATIONS PRINTED ON THE REVERSE SIDE OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 26/96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Augustus Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 25 *Days.*

Color, Col'd

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Boyd St.

Cause of Death, First (Primary,) ——

Second (Immediate,) Infection

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lane cem'y

Date of Burial, August 28/96

Undertaker, H. McAdams

Place of Business, 614 N. Howard St.

H. L. Speed M. D.
Medical Attendant.

Address 519 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William D. Blendon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 24 *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 108 Holcume Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29 1876

Undertaker, [illegible]

Place of Business, [illegible]

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS

Board of Health, City of Baltimore,

Permit No. 12523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27, 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Ann Fowler

~~*Sex, Male or*~~ *Female,* {~~Cross out the word not~~ required in this line,}

Age, 46 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {~~Cross out the words not~~ required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give street and number.} 75 Eutaw alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowyer

Date of Burial, Aug 29 76

Undertaker, [illegible]

Place of Business, [illegible] Howard St

Saml H Lashum M. D.
Medical Attendant.

Address 74 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12524 ®

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months.* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Milkman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany Bn Md. 24 years

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number.} No 16 S. Chapel

Cause of Death, {First (Primary,) Paralytic Disease & Heart
Second (Immediate,) Intermittent Fever.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, August 29th 1876

W. H. Way *M. D.*
Medical Attendant.

Undertaker, A Kohler

Place of Business, 294 E Lombard St. *Address* 32 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12525 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

Date of Death, Aug 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allice Mooney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 7 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 47 Stirling

Cause of Death, First (Primary,)

Second (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery *Jm. Brooke Boyle* M. D.

Date of Burial, August 29 1876 Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 12526

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Malcom John Dunn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Months *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 1163 Hanover St

Cause of Death, { First (Primary.) } An Inflamed Bowels

{ Second (Immediate.) } Diarrhoea

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, August 28 1876

{ *Undertaker,* James S Byrne

{ *Place of Business,* 1163 Hanover St

Chas A Dunnan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th day of August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Schaler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Nine Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 76 S. Fremont

Cause of Death, First (Primary,) Intestinal Irritation

Second (Immediate,) Softning of Mucous Membrane

Duration of Last Sickness, About 2½ months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 29

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 907 West Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 12528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

Date of Death, August 28th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty eight *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} No. 235 Lemmon Street

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 29th, 1876

Undertaker, J. B. Cook

Place of Business, 707 Balt. Street

Chas. H. Nefft M. D.
Medical Attendant.

Address 306 N. Gayetto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12529 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

Date of Death, Aug 28, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed H Zell

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} No 2 Willow St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) ____

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Aug 29. 76

Undertaker, John J Rodman & Sr

Place of Business, N E Cor Summit Ave & Monument St

E H Zell M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Minahan

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Chronic Asthma

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 29th 1876

{*Undertaker,* John H. Weaver / *Place of Business,* #22 W. Fayette St "

Louis Faucett M. D.
Medical Attendant.

Address 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1253/ OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1876

Date of Death, Aug 26 — 1876 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jefferson D. Stuart Jr.

~~*Sex*~~, *Male* ~~*or Femal*~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 4 *Months,* *Days.*

Color, White — *Sex,* — Male —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Brighton Pennsylvania

Duration of Residence in the City of Baltimore, since 1864 —

Place of Death, {Give street and number.} — 270 Saratoga St —

Cause of Death, First (Primary,) — Bilious dysentery —

Second (Immediate,) Congestive Fever —

Duration of Last Sickness, about 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, [redacted] mont

Date of Burial, Aug 29

Undertaker, C. H. Blizzard

Place of Business, 201 Penn av

W. A. F. Sellman M. D.
Medical Attendant.

Address Saratoga & Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1870 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cecilia Mc Kenny

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Seven *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 Hyde's Court

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 28th August

Undertaker, J. Davis

Place of Business, 103 Lee St.

Julius Hall M.D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, [illegible] and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12533

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Therese Finker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~56~~ (56) *Years,* ~~11~~ (1) *Months,* 2 *Days.*

Color, white *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Germany~~ Vienna, Austria

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} At 236 S. Eutaw St.

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Uraemia

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 30th of August

Undertaker, Philipp Steuwald

Place of Business, 35 S. Eutaw St *Address* 165 W. Lombard St

Wm Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 12534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Leichtenfeld

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore since birth

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} J Burrough St.

Cause of Death, First (Primary,) Tubercular

Second (Immediate,) Meningitis

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 29 1876

Undertaker, C F. Krause

Place of Business, 209 Hanover st

DR. J. H. SMITH. AUG 28 1876 BALTIMORE, MD.

J H Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12535

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas L. Kalvelage

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 91. Johnson Street

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Aug 29 1876

Undertaker, C. A. Krause

Place of Business, 209 Hanover st *Address* 17 Warren Av

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12536 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Shuter St

Cause of Death, {First (Primary,) Artificial Nursing

{Second (Immediate,) Brain Fever

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H. Steuart M.D.

Date of Burial, Augt 29 1876

Undertaker, H. H. Burgee

Place of Business, East St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Julia Jones Mother

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 12537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Berlach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 3 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gotha Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Ho. No 133 Register st.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemtr

Date of Burial, August 29. 1876.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St.

L. C. Mutterer M. D.
Medical Attendant.

Address 125 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

Date of Death, Aug 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Inglman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} High Alley 17

Cause of Death, {First (Primary,) Teething, Second (Immediate,) Convulsions

Duration of Last Sickness, Two Month

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29 1876 E L Bateman *M. D.* Medical Attendant.

Undertaker, Wm A Runge

Place of Business, No 104 East st *Address* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Heyman

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Twenty years. *Years,* *Months,* *Days.*

Color, Black. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cuba (been in America 4 months)

Duration of Residence in the City of Baltimore, Two Months.

Place of Death, {Give street and number.} Male ward Hospital 163, W. Lombard,

Cause of Death, First (Primary,) Syphilis

Second (Immediate,) Miasmic poisoning

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery Sept 1st Rods M. D.

Date of Burial, Aug 29th 1876 Medical Attendant.

Undertaker, Chas. Sheppard

Place of Business, 6 Pratt St Address 163 West Lombard.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

FORM 5.

Board of Health, City of Baltimore,

Permit No. 12540

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Rich Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md living life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 438 Central Av

Cause of Death, {First (Primary.) Cholera Infantum

Second (Immediate.) One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Md

Date of Burial, August 29, 1876

Undertaker, Henry Stark

Place of Business, 109 Central Av

D. Gilman M. D.
Medical Attendant

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

Permit No. 12571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Seibert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 11 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Basket Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} No 135 E Green St

Cause of Death, { First (Primary,) St Thomas Pulmonales

Second (Immediate,)

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, August 30 1876

{ *Undertaker,* Charles F. Howard

{ *Place of Business,* 161 Hanover St

I G Womble M. D.

Medical Attendant.

Address 208 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when [illegible] under his section, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 12512 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Henry Eichelberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 ~~X~~ *Years,* 8 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 124 N. Population st.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Meningitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Augt 29, 1876

Undertaker, J. B. Blackistone

Place of Business, 606 Bate st *Address* 55 & W. Fayette st

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 12613 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Starr.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, in & near City during his life

Place of Death, { Give street and number. } # 356 N. Fayette St.

Cause of Death, { First (Primary,) Chronic Gastritis
Second (Immediate,)

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Augt 30 1876

Undertaker, J. B. Blackiston & Son

Place of Business, 666 Bate St *Address* ~~#~~ 584 N. Fayette St

Jas. S. Smithsome M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Belle House

~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 27 *Days.*

Color, white *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 390 E. Madison st

Cause of Death, {First (Primary,) } {Second (Immediate,) } Scarlatina malignus

Duration of Last Sickness, 5½ days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery C. J. Kluber *M. D.*

Medical Attendant.

Date of Burial, Aug 29 /76

Undertaker, Wm Fry *Address* 222 N. Broadway.

Place of Business, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12545

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28 " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Anderson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 9 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 256 Robert St

Cause of Death, {First (Primary,) Threath

{Second (Immediate,) Inanition

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29 1876

{*Undertaker,* Saml. H. Chase

{*Place of Business,* S. Eutaw St

James A. Lewis M. D.
Medical Attendant

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Maggie Evans - Mother 256 Robert St [MOTHER.]

Board of Health, City of Baltimore,

Permit No. 12846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th/h 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis Robeison

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* 11 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 Pleasant Alley

Cause of Death, {First (Primary,) Teething & Diarrhoea

Second (Immediate,) Prostration,

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29. 76

Undertaker, J. H. Coleman

Place of Business, 195 Howard st *Address* 161 E. Sharp st

Sa A Bell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2 [OVER

Board of Health, City of Baltimore,

Permit No. 12547

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within [redacted] *forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* — *Months,* 1 — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brickmoulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Spring Gardens, at Winans Wharf

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29 76

Undertaker, H McGraw

Place of Business, 191 S Howard

R. C. Lee M. D.
Medical Attendant
Coroner S. D.

Address Hanover & Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12548

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27 1916

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Barton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, Col'd

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 E. Dallas St

Cause of Death, {First (Primary,) old age} {Second (Immediate,) senile decay}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29 1916

Undertaker, S. H. Glass

Place of Business, 8 Eutaw St

James A Steuart M. D.

Address Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12579 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Thomas

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 5 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 284 Hamburg St

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 30 1876

{*Undertaker,* W. N. Dunfee / *Place of Business,* East St}

Saml A Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Susana Taylor Mother

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12530 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Holmes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 232 Constitution St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, the day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 30th/76

Undertaker, Geo. Schilling

Place of Business, Virgnith & Monument st *Address* 116 E Eager St

Jno. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Warren P. Travers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sail Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 110 Steel St.

Cause of Death, {First (Primary.) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Aug 30 1876

Undertaker, John Thacher

Place of Business, No 150 Camden

H. W. Mulsher M. D.
Medical Attendant.

Address 57 Rose st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Freddie H. C. Steiner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Minnesota

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 345 Hamburg St

Cause of Death, First (Primary,)

Second (Immediate,) Hydropericardium

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetery

Date of Burial, August 30th 1876

M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address* 129 Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12533 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

Date of Death, August 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Martha Eliza Rogers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* Eleven *Months,* Fourteen *Days.*

Color, Black *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 31 Watson St.

Cause of Death, First (Primary,) Inanition

Second (Immediate,) ____

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 31 1876 Sexton's Account M. D.

Medical Attendant.

Undertaker, B. M. Spicknall

Place of Business, 65 Mulberry St. *Address* Cor. Fremont and Chatsworth Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Breakman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Locust Point

Cause of Death, First (Primary,) .....

Second (Immediate,) Killed on the R. Road

Duration of Last Sickness, Instant

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 30th 1876

Undertaker, John S. Hacker

Place of Business, Pace St *Address* Hanover & Barre Sts

R. C. Lee M. D.
Medical Attendant.
Coroner's D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12553

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28 August 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Years, 6 ~~Months~~, weeks Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the ~~City of Baltimore.~~ Institution 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary.) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 30. 1895

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

Permit No. 12 536 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Callahann

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 5 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} no 6. Cooksie St L.P.

Cause of Death, First (Primary.) Malarial Fever

Second (Immediate.)

Duration of Last Sickness, 6 "Months "

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Ce

Date of Burial, Augt 30th 1876

Undertaker, William Fry

Place of Business, Broadway

E W. Summey M. D.
Medical Attendant.

Address Pila Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, Aug 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jonathan S. Clarke

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easlern Shore Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} J. J. Hamburg & Co

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, 30th Aug

{*Undertaker,* Chas Herold

{*Place of Business,* 151 Hanover St

Geo. H. Benson M. D.
Medical Attendant.

Address 151 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12558 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, Augt 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Kerr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13[illegible] Thames St

Cause of Death, {First (Primary,)} Dentition

{Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fleet St Cemetery

Date of Burial, Augt 31st 1876

{*Undertaker,* John C. Schenk

{*Place of Business,* Alice Ann St

James A Steuart M. D.

Address Commiss of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Christian Kerr Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12559

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours*, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, Augt 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Bartholomew

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 32 Whatcoat

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 32 Whatcoat

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 31st 1876

Undertaker, Charles F. Herod

Place of Business, 161 Hanover St

Geo W. Storm M. D.
Medical Attendant.

Address Cor Strieker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt. 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr E. Malone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S. Parish alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Parish alley

Cause of Death, First (Primary,) Cranium

Second (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 30 1876

Undertaker, John G Gordon

Place of Business, 63 Park Ave

G. W. Norris M. D.
Medical Attendant.

Address Cor Sticker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12561

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Theisdelk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 242 Argyle Ave

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, August 30th 1876

{*Undertaker,* Jacob Weaver
Place of Business, No 446 Druid Hill Avenue} *Address* 76 S Frederick St

J. H. Murray M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12562

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Shorten

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 15 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and number.} Constitution Street

Cause of Death, First (Primary,) Chronic enteritis,

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 30th

Mathew Brown M. D.
Medical Attendant.

Undertaker, Chas F Bowers

Place of Business, 291 W Eutaw St Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12563

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hartung

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 190 Shaw

Cause of Death, {First (Primary.) ——— Second (Immediate.)} Pneumonia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comte

Date of Burial, August 31, 1876

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

Theodore Bertha M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876

Date of Death, Aug. 29th /76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence A. Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Three *Months,* five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Cor. Bank & Chapel

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, August 30th 1876

Undertaker, Hughes & Co

Place of Business, 65 & 3 Broadway

Dr C. Edward Hull M. D.
Medical Attendant.

Address 142 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, Aug 29th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Lenzy

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Ninety five *Years,* Four *Months,* Seventeen *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanford Co Md 88 years

Duration of Residence in the City of Baltimore, 360 N Gay St

Place of Death, { Give street and number. } old age

Cause of Death, { First (Primary,) Diarrhea

{ Second (Immediate,) about a week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 31st 1876

{ *Undertaker,* W H Kirkman

{ *Place of Business,* 234 N Gay St

Elias C Price M. D.
Medical Attendant.
in Dr Skinner's absence

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

Permit No. 12566 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 3 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Lemmon alley

Cause of Death, {First (Primary.) Premature Birth / Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 30 1876

{*Undertaker,* John C. Jordan / *Place of Business,* Park St} Address Commrs of Health & Registrar

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Ann M. Dolphin M. Nurse

Board of Health, City of Baltimore,

Permit No. 12567

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 3 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 348 Franklin St

Cause of Death, First (Primary,) Cerebro-Spinal Meningitis (Inf)

Second (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, Aug 30

Undertaker, J B Cook

Place of Business, 907 W St Baltimore *Address* 343 Franklin St.

H. C. Cuddy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

Permit No. 2568 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, Aug 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Locker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 123 Ridgely St

Cause of Death, {First (Primary,) / Second (Immediate,)} Tuberculous Meningitis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 31st 1876

Sheppard & Co M. D.
Medical Attendant.

Undertaker, John. S. MacHir

Place of Business, 150 Camden st

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore.

Permit 2569 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, Aug 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ Years, Months, 8 Days.

Color col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baath St 2d door N. W. of Amity St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} " " " " " " " "

Cause of Death, {First (Primary.) Seen for the first time by physician after death, said to have been born feeble & 15 days
Second (Immediate.) died in Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public cemetery

Date of Burial, Augt 31st 1876

Undertaker, H. H. & C. Peary

Place of Business, W Pratt St *Address* 91 Henderson Ave

Geo. H. Dard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29 1916

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Yatum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 93 S Caroline St

Cause of Death, {First (Primary,) unknown, but natural

Second (Immediate,) unknown, but probably convulsions

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 30th 1916

Undertaker, William V. Duma

Place of Business, 110 1/2 East St.

Address

Edw D Reveille M. D.
Medical Attendant.

Dover Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT AUG 30 1916 BALTIMORE

E T Y ▲ F I L

Board of Health, City of Baltimore,

Permit No. 12571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Aug - 1876 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gunnany

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 33 - Lancaster St -

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, Aug. 31st 10. A. M.

Dr Rehberger - M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Eastern Ave. *Address* 213 - Alice Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

Board of Health, City of Baltimore,

Permit No. 12592

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Reid

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Corner of Penna Ave & Pratt

Cause of Death, { First (Primary,) Marasmus / Second (Immediate,) Inanition & diarrhoea

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery W. of Fayette

Date of Burial, Aug 31st 1876

M. D.
Medical Attendant.

Undertaker, P. Kimmet

Place of Business, 311 Pratt St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12573 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, Augt 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* —— *Months,* 21 *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 23 Bruce St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 30th 1876

Undertaker, S. M. Chase

Place of Business, S. Howard St

James Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single), of the person deceased, and the cause and date of death, exceptin cases of births and deaths of illegitimate children.

Information by William Smith Father

OVER.

...ity of Baltimore.

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 12574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Burkett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 — *Months,* 20 — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 S. Gilmor St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Membranous Croup —

Duration of Last Sickness, about 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 31st 1876

Undertaker, J. B. Cook & Co.

Place of Business, W. Balto St.

W. R. McKnew — M. D.
Medical Attendant.

Address 582 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12,575

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th August 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Loeder

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 8 *Years,* 6 *Months,* 17 *Days.*

Color, White *Sex,* Male

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Schoolboy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ronneburg, Germany. 8 years in U.S.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 141 W. Lombard St.

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,) Fatty degeneration of the heart.

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lindau Park Dr. Salzer, per Gonlel M. D.

Date of Burial, August 31 1876 Medical Attendant.

Undertaker, Charles Eberwein *Address* 165 W. Lombard St.

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12576 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, august 29 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizie Toner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 530 W Pratt

Cause of Death, First (Primary,) Endocarditis & Phthisis

Second (Immediate,) Syncope

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, August 31st 1876 J. R. Uhler M. D.

Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address* 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12577 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Date of Death, August 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Schoenfelder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} 12 Bradford Alley

Cause of Death, First (Primary.) Casualty

Second (Immediate,) Concussion of the brain

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, St Lorenzo Rel Cong. Cemetery

Date of Burial, Aug 31st 1876

Undertaker, Henry Burns

Place of Business, 252 Aisquith St Address 914 S. Broadway

A. F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...section of Physicians is compulsory.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Lettycar~~ Lebrecia J Foster

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mathews Co Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} No 22 Camden St

Cause of Death, First (Primary,)

Second (Immediate,) Bronchitis.

Duration of Last Sickness, Eighteen months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 30th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Edward C. Ward M. D.
Medical Attendant.

Address 242 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [ov

Permit No. 12579

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 15 1910 BALTIMORE

Date of Death, Aug 29th '76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Gilberta Brick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Trier, Prussia

Duration of Residence in the City of Baltimore, about fifteen years

Place of Death, {Give street and number.} Convent Notre Dame Fraquette N.

Cause of Death, {First (Primary,) Consumption of the Lungs / Second (Immediate,)}

Duration of Last Sickness, about nine months

All the above information should be furnished by the Physician.

Place of Burial, St Alfons. Comety

Date of Burial, 31 of August

Undertaker, Adam Funk

Place of Business, 468 W. Gay St

John T. Commerier, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

Date of Death, August 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Baier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Keeper of Lager Beer Saloon

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, {Give street and number.} NW Cor Monument & Chester St

Cause of Death, {First (Primary.) Carcinoma of Oesophagus

{Second (Immediate,) Inanation

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Aug 31st 1876

Undertaker, Chas Rossing

Place of Business, 130 E Fayette

D Webster Cattell M. D.
Medical Attendant.

Address 1 N Chester St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Lotter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Sex,* Female Widow

Occupation, House Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } Hebrew Hospital

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,) Abscess 2 or 3 months

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, Aug 31. 1876

Undertaker, Chas. Roesing

Place of Business, 136. E. Fayette

Address Hebrew Hospital

Medical Attendant, M. D.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 12589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Tuerck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Saddler and Trunk Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 39 Portland Street

Cause of Death, First (Primary,) Myelitis

Second (Immediate,) Exhaustion & Paralysis

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 31st 1876

Undertaker, Wm Blayton

Place of Business, Address Columbia St

S. K. Lowes M. D.
Medical Attendant.

29. S. Sharp Street

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Guttermyer

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, One ~~m~~ Years, four ~~m~~ Months, nine ~~m~~ Days.

Color, White

~~Married, Widowed or Single,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} No 248 South Wolf St

Cause of Death, {First (Primary,) Marasmus.

{Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician

Place of Burial, Trinity M. Cemetery

Date of Burial, August 31st 1876

Undertaker, ~~Geo. Crook~~

Place of Business, ~~241 Eastern Av~~

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

Date of Death, August 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas E. Maxwell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 4 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 194 Risquith St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, About 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 1st 76

Undertaker, Geo Schilling

Place of Business, Risquith & Monument st *Address* 195 N. Eden St.

A. E. Stein *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of stillborn and illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12585

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Franklin Flynn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} B. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 190 Conway St

Cause of Death, {First (Primary,) Phthisis, Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 1st

Undertaker, Henry Brile

Place of Business, Bonnetta St 81

C. B. Noble M. D.
Medical Attendant.

Address 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Rutting

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 18 *Days.*

Color, white

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} New Calverton Road

Cause of Death, {First (Primary.) Membranous Croup

{Second (Immediate.) 18 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 31st August

{*Undertaker,* J. Clarke Owings M.D.

{*Place of Business,* 66 Fred. Coen Address 86 Fred Coen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12587

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 st August 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph B. Frazier Jr.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Wood Turner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } No. 408 S. Bond St

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,) "

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Fremont Cemetery

Date of Burial, Sept. 1st

Undertaker, A. L. Bevans

Place of Business, 281 E. Balto st

E. P. Bone M. D.
Medical Attendant.

Address 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Apolonia Scheuermann

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, ~~~~~ Years, ~ 10 ~ Months, ~ 13 ~ Days.

Color, White

~~Single, Married, Widowed, Divorced,~~ {Cross out the words not required in this line.}

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 317 Orleans St

Cause of Death, First (Primary,) ~ Marasmus ~

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetary

Date of Burial, September 1st 1876

Undertaker, Michael Funk

Place of Business, 35 Bank St

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

~~Recommended from~~ Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. ~~Be it further~~ enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 12589

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 A.M. 30th August, 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Theresa Barnes

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, Thirty-one Years, Eleven Months, fifteen Days.

Color, White Sex, Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Queens County - Ireland.

Duration of Residence in the City of Baltimore, Nearly 20 years.

Place of Death, { Give street and number. } 221 Cookie St Baltimore City.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,) "

Duration of Last Sickness, About one year. "

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem (Dr. S. Smith M. D.

Date of Burial, August 30th 1876

Undertaker, Chas. Scruin

Place of Business, 210 N. Eutaw St Address 83 Franklin St.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12590 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm A. Miller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 23 years ~~Months~~ — *Months,* 5 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single, Widow or Widower,* { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 39 24 Hoffman St

Cause of Death, { First (Primary,) Tubercular Meningitis
Second (Immediate,) Basilar Effusion

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem

Date of Burial, August 31st 1876

Undertaker, Chas. J. Scriven

Place of Business, 231 N. Eutaw St

Chas Tue Bibbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further ordained and enacted, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Lasby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, W. *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 25 Shakspeare St.

Cause of Death, {First (Primary,) Instate of collapse when born
Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Petris Cemetery

Date of Burial, September 1. 1876

W. W. White, M. D.
Medical Attendant.

{*Undertaker,* Leonhard Penn
{*Place of Business,* S. Howard st. Address 241 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12592 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 4. East ch. Louis Point.

Cause of Death, First (Primary,) Paralysis.
Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 31/1876

A. P. Clarke, M. D.
Medical Attendant.

Undertaker, Chas S Mackin

Place of Business, 150 Camden *Address* 237 Gough

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 12593 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Solomon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Mullikin & Eden Sts

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera infantum

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Aug 31 1876

Undertaker, Wm Edlow

Place of Business, 101 Gough St

Hilton & Taylor M. D.
Medical Attendant.

Address 120 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 9. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

Permit No. 12594

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

Date of Death, Aug. 31. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Roth

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 30 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. Here in U. S.

Duration of Residence in the City of Baltimore, Hys.

Place of Death, {Give street and number.} St Joseph's Hosp.

Cause of Death, First (Primary,) Inflam.n of Brain

Second (Immediate,) Coma

Duration of Last Sickness, about One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Oscar J Cascy M. D.

Date of Burial, Aug 31 1876 Medical Attendant.

Undertaker, H. Schultheis

Place of Business, Monument St *Address* St Joseph's Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his cognizance, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12595

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the preservation of this Certificate, *accurately f[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Zuzwaek

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Georgetown D C

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Henderson's Wharf Res 116 E Chapel

Cause of Death, {First (Primary.)} accidental

{Second (Immediate.)} Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Aug 31 1876

Undertaker, H. Schultheis

Place of Business, Monument St

Edm'd Rwalk M. D.
Medical Attendant.

Address 60[illegible] E Pr[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12596

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Paul Winter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six *Years,* Seven *Months,* Thirteen *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Carey St No 429

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Asthenia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Sep. 1st 1876

Undertaker, A.W. Jenkins Jr

Place of Business, 16 Light St *Address* N. Carey St No 428

L. L. Spence M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Finn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 112 York

Cause of Death, {First (Primary,) Congestion of the Kidneys

{Second (Immediate,) Uremia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 1st 1897 Theodore Boos M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 2598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Guthiel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 38 *Years,* 5 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lipseldorf. Prussia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 627 W Lombard Street

Cause of Death, {First (Primary,) Tumor inside of the Chest
{Second (Immediate,) Want of air

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1 September

Undertaker, J. B. Cook

Place of Business, 707 W Balt St

L. F. Reinhardt M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 2579

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Miller

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61 E. Pratt St

Cause of Death, First (Primary,) Typhoid Malarial Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Sept 1st 1876

Undertaker, John H Keane

Place of Business, W Fayette St *Address*

W. Magruder M. D.
Medical Attendant.

61 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Health, City of Baltimore,

Permit No. 2600 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to **the undertaker or other person** superintending the burial, within *twenty-four hours* after the death of said deceased, **or sooner, if requested so to do, under penalty of law,**

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Daley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 308 S. Paca

Cause of Death, {First (Primary.) Scarlatina / Second (Immediate,) Diphtheria} 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, 1st Sept 1876

Undertaker, Hy W. Deutsmithers

Place of Business, 10 Light St Address 154 Light St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

State of Maryland, City of Baltimore,

Permit No. 12601

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

Date of Death, Aug 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Dailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 308 S. Paca

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) do

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cem.

Date of Burial, 1st Sept 1876

Undertaker, Wm. Jenkins Son

Place of Business, 16 Light St *Address* 157 Light

D. J. McKenna *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ged A. Wise

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 165 Sterling St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Simple Meningitis

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Sept 1st 76

Undertaker, John J Perkins

Place of Business, N E Cor Fremont & Sterling St

Jno. Boyle M. D.
Medical Attendant.

Address 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full names, age, race, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of bastard and spurious children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12603 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 10 P M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Shipland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 26 *Years,* *Months,* *Days.*

Color, cl

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. always lived in Baltimore

Place of Death, {Give street and number.} 24 Orchard St

Cause of Death, First (Primary,) Disease of the Kidneys

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 months -

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 1st 1876

Undertaker, H Dean & Gray

Place of Business, 52 Lombard St

I have not seen him for six weeks.

M Hammond M. D.
Medical Attendant.

Address 53 N Poca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit 12604

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Lang

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 156 Preston St.

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,)}

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician

Place of Burial, [redacted] Western Cemetery

Date of Burial, Sept 1st 1876

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave Address 89 N. Greene St

D. G. Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F E T Y F I L

2605

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septh. 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. Ann Corey

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* 4 *Days.*

Color, white

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bridgeton New Jersey

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} 218 Eough St. Baltimore

Cause of Death, {First (Primary,) / Second (Immediate,)} Pan green

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 3rd 1876

Undertaker, W. A. Dafer

Place of Business, 745 B'way

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 12606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

Date of Death, Aug. 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Koch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 228 Eager St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemy

Date of Burial, Sept 2 1876

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Henry Hueck

Place of Business, 309 Central Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 12607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H Johnson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bull Lafirmary

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Rockville Co, Md

Date of Burial,

{*Undertaker,* W A Craig

{*Place of Business,* 74 S. Broadway

T. A Abbey M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 5249)

[OVER

Board of Health, City of Baltimore,

Permit No. 12608 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

Date of Death, August 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Frank Wm J. & Emma J. McLaughlin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 503 Hanford Ave.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ____

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 1st 1876

Undertaker, C. C. Rodemeyer 208 Cor R

Place of Business, 38 Exeter St. *Address* 111 Greenmount Ave.

Silas N. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12609

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Conyden Tilden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 5 *Years,* 11 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bridgeport Conn

Duration of Residence in the City of Baltimore. 8 years

Place of Death, {Give street and number.} No 30 Mayer Balto

Cause of Death, {First (Primary,) Fever

{Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 1st 1874

Undertaker, James S Byrne

Place of Business, No 63 N Front St

J. H. Patterson M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 12610

The Physician who attended ... person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other ...rson superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Dorsinger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 5 Vincent St

Cause of Death, {First (Primary,) Deniletion / {Second (Immediate,) diarhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 1st 1876

Undertaker, I. B. Cook & Co

Place of Business, 707 W Balto St

Jas A Steuart M.D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case occurs under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

Information by Henry Dorsinger Father

(OVER.)

Permit No. 12611 — OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

Date of Death, Aug. 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Meerlew

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} No. 80 North Broadway

Cause of Death, First (Primary,) Scrofulous diathesis

Second (Immediate,) Consumptions of the bowels, or (Phthisis intestinus)

Duration of Last Sickness, About two week

All the above information should be furnished by the Physician.

Place of Burial, R. Alphonsus Cemetery

Date of Burial, Sept. 2

Undertaker, Gustelin Tippel

Place of Business, 1. Bond st. 151

Milton A. Taylor M. D.
Medical Attendant.

Address 100 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty, City of Baltimore,

Permit No. 12612 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30 - 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Litz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 Park Ave

Cause of Death, {First (Primary,) Heart Disease Organic
Second (Immediate,) Dropsy

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Aug 31 -

{*Undertaker,* C. Runkel
{*Place of Business,* 60 Park Ave

Geo L. Rice *M. D.*
Medical Attendant.

Address 37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the [illegible] who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, according to classification, and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

Permit No. 12613

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st Aug. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Melvina Morris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 24 Pontney St.

Cause of Death, First (Primary.) Typhoid Fever

Second (Immediate.)

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Kent Co.

Date of Burial, Aug 31 76

Undertaker, Hinckley & Deny

Place of Business, No 2 63 Light St

J. E. Harrington M. D.
Medical Attendant.

Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12614

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil[illegible] out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

Date of Death, 31st August 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg. Hämmen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, " " *Years,* 4. *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 167 Edo Street Baltimore

Duration of Residence in the City of Baltimore, since her Birth.

Place of Death, {Give street and number.} 167 Edo Street.

Cause of Death, {First (Primary,) / Second (Immediate,)} Rachitis

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Fleet Street burial Ground.

Date of Burial, Sept 2nd 1876

Undertaker, Jacob Bucher

Place of Business, 224 Canton ave *Address*

Conrt. Hämel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12115

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Dukehart Bowen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Five Months, ~~Days.~~

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, {Give street and number.} 423 East Baltimore St. Baltimore Md.

Cause of Death, {First (Primary,) Malformation of palate & fauces
Second (Immediate,) Inflammation producing Pyaemia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, September 1st 1876

Undertaker, Wm. H. Eichman

Place of Business, 2340 E. Gay St. Address 375 E. Baltimore St. Baltimore Md.

A. B. Lyman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12616

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~August~~ September 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. E. Amelia Bowler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, Days.

Color, White *Sex,* ~~Female~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 267 Mulberry st

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 2nd 1876

Undertaker, Peter Kummert

Place of Business, 317 Mulberry st

J. E. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12617

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 30 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Fox

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty one *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} S E. Corner of Douglas & Forest Sts

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S E. corner of Douglas & Forest Sts

Cause of Death, {First (Primary,)} Consumptive diathesis

{Second (Immediate,)} True consumption or Tuberculosis.

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 2nd 1876.

Undertaker, James D Byrne

Place of Business, No 63 N Frent St

Milton A. Taylor M. D.
Medical Attendant.

Address 100 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 16,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Arold.

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 63 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 20 yrs—

Place of Death, {Give street and number} Washington University Hospital

Cause of Death, {First (Primary,) Compound fracture of hip

{Second (Immediate,) Exhaustion.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician

Place of Burial, Got 3

Date of Burial, 9t Dependents Cemetery

Undertaker, A. L. Waffle, R. F. M. D.

Place of Business, 121 Pearce Address Washington University Hospital

Medical Attendant.

SEP 2 1916 HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ysician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight urs after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the e can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and e of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 12619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1 St. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James McDonald

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 39 *Years,* . *Months,* , *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer B&O R.R. Shop

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 7 Hillard Alley

Cause of Death, { First (Primary,) Injury at Shop of B&O R.R. / Second (Immediate,) Result of Injury

Duration of Last Sickness, 4½ hours

All the above Information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, September 3

J. J. Littlecomb M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address* 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12620

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

Date of Death, Sept. 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elizabeth Snooks

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 2 *Months,* / *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} Cor Fort Ave & Charles

Cause of Death, {First (Primary,) Acute Tuberculosis

{Second (Immediate,)

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, ~~September~~ 3

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

John Neff M. D.
Medical Attendant.

Address 558 W. Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12621 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Shaner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania State

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 256 Hanover St

Cause of Death, {First (Primary,) / Second (Immediate,)} Organic Disease of Heart

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Wolvin Cemetery

Date of Burial, Sept 2 '91

Undertaker, Arnold & Denny

Place of Business, No. 263

Geo. W. Benson M. D.
Medical Attendant.

Address 256 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 12622 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~[illegible]~~ Betty Virginia Hellman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 3 Weeks ~~Months,~~ 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 191 Saca St

Cause of Death, First (Primary,) Gastro-Intestinal Irritation

Second (Immediate,) Inanition -

Duration of Last Sickness, - during life -

All the above information should be furnished by the Physician.

Place of Burial, Barney Brac Ct.

Date of Burial, September 3rd 1876

Undertaker, Henry Woeck

Place of Business, 309 W. Central Av *Address* 76 S Paca St

Henry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12623

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Cooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 18 *Days.*

Color, colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 122 N. Dallas st.

Duration of Residence in the City of Baltimore, 4 years 5 mo. 18 days

Place of Death, {Give street and number.} 122 N. Dallas st

Cause of Death, First (Primary,) Intermittent fever

Second (Immediate,)

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Sept 2 1876

Charles Bagley M. D.
Medical Attendant.

Undertaker, Wm H Dungee

Place of Business, No 104 east st Address 873 a lay st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12624

OFFICE OF REGISTRAR OF VITAL STA[TISTICS]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil[led] out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

Date of Death, August 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Hayes.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 39 Chestnut St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Sept 2 1876

{*Undertaker,* Wm A Bunge

{*Place of Business,* No 104 east st

Edward P Wolcott M. D.

Medical Attendant.

Address 137 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12625 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

Date of Death, Sept 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Jane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. 109 St Paul c Balto

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give street and number.} N. 109 St Paul st

Cause of Death, First (Primary.) Brain Fever

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2 1878 J. H. Baltzer M. D.
Medical Attendant.

Undertaker, H. C. Weidefeld

Place of Business, 181½ N Calvert St *Address* 28 Franklin Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

Permit No. 12626 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 2. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaw Augisthi

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} S. Amstreet 290

Cause of Death, First (Primary.) Gastro-enteritis

Second (Immediate.) Diarrhoea

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 2 September 1876

Undertaker, [illegible]

Place of Business, [illegible] *Address*

William Henkel M. D.
Medical Attendant.

S. Wolfstreet 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12627

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1 — 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Corrie Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* Born *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 10 South Arm St

Cause of Death, {First (Primary.) / Second (Immediate.)} Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2nd 96

Undertaker, Wilson & Fry

Place of Business, 16 Baltimore St

Dr G Rieur M. D.
Medical Attendant.

Address 89 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12628 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

Date of Death, Sept 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Frederick Yent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Wagon driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 78 Mulliken

Cause of Death, First (Primary.) D

Second (Immediate,) Pneumonia and Abscess

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cmetery

Date of Burial, Sept 3d 1876

Undertaker, Murphy

Place of Business, 54 N Broadway

Geo. W. Wayson M. D.
Medical Attendant.

Address 18 Hisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 12629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1876 BALTIMORE

Date of Death, Aug 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hammond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician

Place of Burial, St Peters

Date of Burial, Sept 2nd 1876

Undertaker, Joseph F Byrne

Place of Business, 59 & Liberty

Edw'd F. Nicholson M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12630

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st. September -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Malcolm

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* Eighteen *Months,* *Days.*

Color, White - *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 213 - Biddle St -

Duration of Residence in the City of Baltimore, — 18 mos -

Place of Death, {Give street and number.} 213 Biddle St -

Cause of Death, First (Primary,) Remittent fever -

Second (Immediate,) Pneumonia -

Duration of Last Sickness, Six days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 3rd

Undertaker, R Kennedy Son

Place of Business, 92 N Howard

W C Van Bibber M. D.
Medical Attendant.

Address 47. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

Permit No. 12631 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12 30. p m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Jackel

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 31. *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty five years.

Place of Death, { Give street and number. } 345 Pen. Av.

Cause of Death, { First (Primary,) Consumption
Second (Immediate,) }

Duration of Last Sickness, Eight Munthes

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Bur.

Date of Burial, Sept 3rd 1876 John D. Fitzer, M. D.
Medical Attendant.

{ *Undertaker,* Andrew Leib
{ *Place of Business,* 118 Druid Hill Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ealth, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly · A. Schaab

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 1 *Days*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 41. Argyle Avenue

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 41. Argyle Avenue

Cause of Death, {First (Primary,) Cerebral Congestion
Second (Immediate,) 2. Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsis Cemetery

Date of Burial, Sept. 3rd 1876.

{*Undertaker,* John L. Weaver
Place of Business, # 22 W. Fayette St

M. Wiener M. D.
Medical Attendant.

249 West Fayette St
Address

per H. A. McElvenus

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 12133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hanley

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, About 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S. Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} In the Basin at Meridetta Coal Pier, No 16 L.P.

Cause of Death, First (Primary,) Accidentally fell into the water

Second (Immediate,) Exaustion

Duration of Last Sickness, A few Minutes

All the above information should be furnished by the Physician

Place of Burial, W. Public Cemetery

Date of Burial, Sept 1

Undertaker, A. C. Carey

Place of Business, 445 W Pratt st

R. C. Lee M. D.
Medical Attendant.
N. W. or Coroner S. D.
Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2654

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 2 1876 BALTIMORE HEALTH DEPARTMENT

Date of Death, Sept. 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Goldsmey

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number.} Cookson ch Balt.

Cause of Death, {First (Primary.) Typhoid fever

Second (Immediate.) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemy

Date of Burial, Sept 2 nd 1876

Undertaker, H. Frochlich

Place of Business, 246 Easton St

R. M. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12635

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

Date of Death, Aug. 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 35 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Maryland University Hospital

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) ——— ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Sept 1 1876

Undertaker, H H & Sons

Place of Business, 448 W Balto

T. A. Askby M. D.
Medical Attendant.

Address Maryland Univ. Hospital
cor Green & Lombar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 12636

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

Date of Death, Sept 1 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 or 3 days *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Bermuda

Duration of Residence in the ~~City of Baltimore~~, 1 day

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) In convulsions when received

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept. 2. 1876

Undertaker, Saml Brown

Place of Business, 158 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 241 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...alth, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses or Robinson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ... *Months,* 2 6 *Days.*

Color, Negro *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Biddle & Fenwick Sts.

Cause of Death, First (Primary,) Prematurely born

Second (Immediate,) Spasm.

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, New Bath Cemetery

Date of Burial, Sept. 3rd

Undertaker, Jacob Weaver

Place of Business, Druid Hill Ave

Anthony Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy C. S. Kopp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 71 Hughes St. Federal Hill

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 4 Sept. 1876

Undertaker, [redacted] H. Jenkins Son

Place of Business, 16 Light St. *Address* 142 S. Broadway

C. Edward Miller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] Board of Health, City of Baltimore,

Permit No. 12639 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clayton Jefferson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Pearl st

Cause of Death, First (Primary,)

Second (Immediate,) Accidentally Burned

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 3rd 1876

Geo Ogle Gorman M. D.
Medical Attendant.

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette st Address 229 Cary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the [illegible]sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight [illegible]rs after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the [illegible] can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible]f death, except in cases of births and deaths of Illegitimate children.

[OVER.]

SAFETY FILM

...City of Baltimore,

Permit No. 12640

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lisle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 172 West St.

Cause of Death, {First (Primary.) Scarlatinal Diptheria

{Second (Immediate.)

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

DR. J. H. SMITH, SEP 2 1876 BALTIMORE, MD.

Place of Burial, Western Cem

Date of Burial, Sept. 3 th 1876

J. H. Smith M. D.
Medical Attendant.

{*Undertaker,* Julius Koehler

{*Place of Business,* Cor Sharp & Cross sts *Address* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Permit No. 12641

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

Date of Death, Sept 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Lewis Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 125 East [illegible]

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate.) Exhaustion

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 3d 1876

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Ave *Address*

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

POWER

Board of Health, City of Baltimore,

Permit No. 12644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oldach Estella Walter

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, One *Years,* One *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 122 Bank St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Sept 3rd 1876

Undertaker, Staughton

Place of Business, 65 S Broadway

C Edward Miller, M. D.
Medical Attendant.

Address 143 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 14643

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Thornton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 95 Hamburg st.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Ball'd Cemetery

Date of Burial, Sept 27th 1876

Undertaker, Chas. F. Herold

Place of Business, Hanover St

J. E. Harrington M.D.
Medical Attendant.

Address 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 12644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Barbara Killian

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, white

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria - 37 years

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 133 S. Wolf Street

Cause of Death, {First (Primary,) old age -

{Second (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem'y

Date of Burial, Sept 4th 1876

{*Undertaker,* C. Ecklart

{*Place of Business,* Canton Ave

James A Clemens M.D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - Wm Westerman Grandson [OVER.]

Board of Health, City of Baltimore,

Permit No. 12465

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Nolte

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 2 *Years,* 5 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 days.

Place of Death, {Give street and number.} 157 Eastern Av. (or Sp.)

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Family Cemetery

Date of Burial, 3 Sept 4 Oclock P.M. *Edward Miller* *M. D.*
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Canton Av *Address* 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty of Baltimore,

Permit No. 12646 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wood

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Penn

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt Infirmary

Cause of Death, {First (Primary,) Childbirth / Second (Immediate,) Haemorrhage from womb

Duration of Last Sickness, 96 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 3rd

Undertaker, M 16 & Levy

Place of Business, 414 N Paca st

T A Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...ON 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...me can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...nd date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 Septbr. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Pierson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 174 Chestnut St

Cause of Death, First (Primary,) Phthisis pulm.

Second (Immediate,)

Duration of Last Sickness, ab. 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemtr.

Date of Burial, Sept 4. 1876.

Undertaker, H. Hofmann.

Place of Business, 62. N. Eden St. *Address* 57 Aisquith St

Hoffmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

6248 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Farmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 4. Payson St

Cause of Death, {First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, About 4. Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 29th 1876

Undertaker, I. P. Byrne

Place of Business, Front St

H. R. McShane M.D.
Medical Attendant.

Address 382 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 12649 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Seth.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 4 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Stockton st

Cause of Death, { First (Primary,) Inflammation

Second (Immediate.) Malnutrition

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Wicomico county

Date of Burial, Sept 3rd

Undertaker, A. G. Berry

Place of Business, 1145 W. Balt st *Address* 7th Battle st

Schaefer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

12650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OFFICE OF REGISTRAR OF VITAL STA[TISTICS] BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. A. M. Emanuel Sedlak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248 S. Bond st

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera infantum

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 7 1876

{*Undertaker,* A. Kohler

{*Place of Business,* Lombard St

L C Winternitz M. D.
Medical Attendant.

Address 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12657

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11. 3.25 p m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Theodosia Haffner

Sex, ~~Male~~ / Female, { Cross out the word not required in this line. }

Age, One Year, Eight Months, 5 Days.

Color, white

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cor. Pace & Franklin Sts

Duration of Residence in the City of Baltimore, line times

Place of Death, { Give street and number. } 7 Marion St

Cause of Death, { First (Primary,) } membr. croup

{ Second (Immediate,) }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Sept. 12. 1876

Undertaker, Conrad Kunkel

Place of Business, No. 60 Market *Address*

John J. Ifer

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Office of Registrar of Vital Statis

CERTIFICATE OF DEATH.

Date of Death, Sept. 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Walters

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 452 Canton Ave

Cause of Death, {First (Primary.) Lethargy
Second (Immediate.) Chol Infantum

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Holy [redacted]

Date of Burial, Sept 3 1876

Undertaker, M. A Daiger

Place of Business, S. Broadway

James Williams M. D.

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in case of births and deaths of illegitimate children.

Information by Undertaker

[over.]

Permit No. 12653

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Jane Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 114 Register St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Sept 4 th 1916

Undertaker, John W. Locke

Place of Business, 27 S. Wolfe

Chas. H. Burns M. D.
Medical Attendant.

Address 185 E. Fairmount Ave near Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,* — *Days.*

Color, Cold.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Drive North 140 S. Durham

Cause of Death, {First (Primary),} Cholera Infantum

{Second (Immediate,)} 2 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3rd 1876

Undertaker, John H. Locke

Place of Business, 43 S. Wolfe St

Address 1 1/2 S. Broadway

C. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12653

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Brandt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 277. Lombard st Cor Edmont

Cause of Death, {First (Primary,) Anemia

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Sept 4th 1876

Undertaker, Adam Heidemyer

Place of Business, 518½ W. Baltimore St.

John A Schultz M. D.
Medical Attendant.

Address N E Cor Edmont Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 30 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Dressel.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Medical Hall

Cause of Death, {First (Primary.) Second (Immediate.)} Cerebral Spinal Fever

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, September 4th 1916.

Undertaker, Fred. Gaede

Place of Business, 785 E. Pratt St. Address

Woodhouse M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2d 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Paine, Mary Hearn.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Year,* 7 *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 30 Stockdew° Alley.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Unknown

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept. 3rd 1876

Undertaker, Wm. H. Bishop Jr.

Place of Business, 103 Saratoga

John B. Pennington, M. D.
Medical Attendant.

Address 98 W. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 2d - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank. Quatter

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 57 — *Years,* 6 — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Saloon —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. (Oldenburg)

Duration of Residence in the City of Baltimore, 27 yrs —

Place of Death, {Give street and number.} 378. Aliceanna

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) do —

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus.

Date of Burial, Sept 4th

Undertaker, H. A Gebmeyer

Place of Business, 341 Canton Av

G. Ostrohmann M. D.,

Medical Attendant.

Address 56 S. Frederick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

State of Maryland, City of Baltimore,

Permit No. 12659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G. W. Knoda

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 288 Hughes st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 288 Hughes st

Cause of Death, {First (Primary,) Convulsions,

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, September 3 d 1876

E. W. Gilbert M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 474 Druid Hill Ave

Address 121 W. Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 12660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antone Grender

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 122 Pearl Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St Sweet Home

Date of Burial, 5 September 1876

Undertaker, H Darling M. D.
Medical Attendant.

Place of Business, 317 Mulberry St Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12661

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Date of Death, Sept 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brand

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First (Primary,) Psoas Abscess

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept. 2d

Oscar Kuhn M. D.
Medical Attendant.

Undertaker, Michael Feast

Place of Business, No 35 Bank St Address 184 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Certificate No. 12662

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph 2nd Louis Eckhardt

Sex, Male or ~~Female~~; { Cross out the word not required in this line. }

Age, 37 *Years,* 9 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Resturant Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } 519 Light St

Cause of Death, { First (Primary.) Typoid Pneumonia / Second (Immediate.) }

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 4th 1896

Undertaker, Julius Kaehler

Place of Business, Cor Sharp & Cross St

Medford Croka M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12663

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Date of Death, Sept 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Henry Haldefer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 115 Eastern Ave

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Ascites, Asthenia &c.

Duration of Last Sickness, Seven Months, More or less.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 5

D W Cathell *M. D.*
Medical Attendant.

Undertaker, Wm Hackmann

Place of Business, 20 Bank St *Address* 115 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 12664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Carson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 10 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 4 Keppert St.

Cause of Death, {First (Primary,) Hydrocephalus. Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 4th 1876

Undertaker, Armstrong & Jenny

Place of Business, 263 Light St

M. L. Mitchell M. D.
Medical Attendant.

Address 137 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 12665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1916 BALTIMORE, MD.

Date of Death, Sept 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brunner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 29 N. Greene St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,)

Duration of Last Sickness, about 3 week,

All the above information should be furnished by the Physician.

Felix Supplee, M. D.
Medical Attendant.

Place of Burial, St Alphonsus

Date of Burial, 4th Sept

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St. *Address* 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

Permit No. 12666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Date of Death, Sept 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Rynaczcoski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 4 *Years,* *~~Months~~,* *~~Days.~~*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 60 Block St Baltimore

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 60 Block St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Inflammation of the Brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Sept 4 1876

Undertaker, F. Rynaczcoski

Place of Business, 60 Block St *Address*

J. C. Davies M. D.
132 Wright Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, { First (Primary.) / Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business, *Address*

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 12668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Date of Death, Sept. 3rd. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Brennan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Deals Island.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 28, Patterson Park Ave

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cimitery

Date of Burial, September 4th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av.

Geo. H. Tucker M. D.
Medical Attendant.

Address 28 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Date of Death, Sept. 3rd. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kenney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sabrina Ireland

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and number.} No. 2 Binny St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Disease of Heart

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cimetery

Date of Burial, September 5th 1876

Undertaker, H. H. Gibmeyer

Place of Business, 341 Eastern Av. *Address* 116 Hanover St.

J. J. Sullivan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 12670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP ... BALTIMORE

Date of Death, August 3rd, 1870.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. Frank Bradley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Italy, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 472 W. Baltimore St

Cause of Death, { First (Primary,) Gastritis / { Second (Immediate,) Brain Fever / One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Jas. E. Smithson M. D.
Medical Attendant.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 4 —

Undertaker, J. B. Blackistone & Son *Address* 584 W. Fayette St

Place of Business, 606 Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 12671 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Date of Death, September 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M Blanchard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 6 *Months,* 13 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number.} 78 west Chase St

Cause of Death, First (Primary,) Phthisis -

Second (Immediate,)

Duration of Last Sickness, for 4 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery Ruffin Buckler M. D.

Date of Burial, Sept. 5th 1876 Medical Attendant.

Undertaker, A.W. Jenkins & Son Address 135 N Charles St

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12672

...City of Baltimore

OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinder Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Dawson alley

Cause of Death, {First (Primary.)} Teething

{Second (Immediate.)} Chol Infantum

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, N. Pub Cemetery

Date of Burial, Sept 4th 1876

Undertaker, H. H. C. Perry

Place of Business, Pratt St

Address Commiss of Health & Registrar

M. D.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Julia Wilson Mother

OVER.

...Board of Health, City of Baltimore,

Permit No. 12673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Date of Death, 3 September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Hauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 40 Years

Duration of Residence in the City of Baltimore, 40 "

Place of Death, {Give street and number.} N. Gay St. No. 49.

Cause of Death, First (Primary,) Diseases

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 5th

Undertaker, H. Brill

Place of Business, Henrietta 181

Martin Fish M. D.
Medical Attendant.

Address East Bond St 75

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 12674

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Holstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 179 Saca St

Cause of Death, {First (Primary,) Hernia

Second (Immediate,)

Duration of Last Sickness, 4 Mo

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 4 1876

Undertaker, Jno. S. Mosher

Place of Business, 150 Camden St

J. H. Emmert M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A K S A F E T

Permit No. 12675

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1916 BALTIMORE

Date of Death, Sept 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Crouch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years;* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 161 S. Green

Cause of Death, {First (Primary,) Typho malarial Fever

Second (Immediate,) 2 days

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Sept 4th 1916

Thurston Leeke M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 905 S. Howard

Address 148 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...alth, City of Baltimore,

Permit No. 12676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Edmondson,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Three Months, Days.

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No. 35 Hanover St.

Cause of Death, First (Primary,) Catarrh,

Second (Immediate,) Inc Cap

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, 4. September

Undertaker, L. Bolton

Place of Business, 36 Hanover St.

Nicholas T. Dashiell, M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12,677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton L Sidicum

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 62 Cross St

Cause of Death, {First (Primary.) Dentition

{Second (Immediate.) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Lyndon Rock Cem

Date of Burial, Sept 5th 1876 Horton Bros

Undertaker, Charles B. Hendley

Place of Business, 161 Hanover St *Address* 46 ~~Hanover St~~

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Brent

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* Eleven *Months,* Ten *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co Pa

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 25 Patterson Ave.

Cause of Death, First (Primary,) Typhus Fever

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, West River

Date of Burial, [redacted]

Undertaker, J J Palmer

Place of Business, 262 Pen av

H H Christian *M. D.*
Medical Attendant.

Address 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 551)

...Health, City of Baltimore,

Permit No. 12679 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Date of Death, Sept 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Denis Nolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 11 years

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 93 Hanover St.

Cause of Death, First (Primary,) Inflammation of the Bowels Cholera Infantum &c

Second (Immediate,) Collapse

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral Cemetery

Date of Burial, Sept 5 1876

Undertaker, James O Byrne

Place of Business, No 63 N Front St Address 63 N Front St

Unknown

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Weston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Bull Infirmary

Cause of Death, {First (Primary,) Val Dis of Heart

Second (Immediate,) asthenia

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Sept 4th

Undertaker, H H & Son

Place of Business, 418 N Broadway

T. A Ashby M.D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12,681.

...ity of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Still born) Infant boy not named Julia Gordett (Mothers name) Father not known

Sex, Male or Female, {Cross out the word not required in this line.} Col

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Chestnut Alley

Cause of Death, {First (Primary.) Born in an unfinished condition - not well developed

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 9th 1877

{*Undertaker,* Wellman & Bro

{*Place of Business,* 66 Aisquith St

W W Antrim *M. D.*

Medical Attendant.

Address 192 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12,682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1870 BALTIMORE

Date of Death, 3 September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 Years, 11 month Months, Days.

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ~~Farmer~~ None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 64 Jackson Syracuse

Cause of Death, {First (Primary.) / Second (Immediate.)} Paralysis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt cemetery

Date of Burial, 5 Sept 3 Oldfield

Undertaker, Geo C Rodenmyer

Place of Business, 98 Eutaw

Jno McLennan M. D.
Medical Attendant.

Address 153 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore, City of Baltimore,

Permit No. 12683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Primus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 24 *Years,* —— *Months,* —— *Days.*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Martinsburg Va —

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 14 Lemon alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 5th 1876

Undertaker, Saml W. Chase

Place of Business, S. Howard St Address Commiss of Healt & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by — Mary White 14 Lemon alley

[OVER]

[illegible], City of Baltimore,

Permit No. 12,187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Eugene Pardoe

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17½ Johnson St

Cause of Death, {First (Primary,) Premature Birth} {Second (Immediate,) Convulsions}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, Sept 24th 1876

Undertaker, Ernest & Denny

Place of Business, Light St

Address Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John L. Pardoe Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Whitlock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 113 N. Eden st,

Cause of Death, First (Primary,) Ileus

Second (Immediate,) Ileus

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sep 6/76

Undertaker, Dyer

Place of Business, 674 Broadway *Address*

John Homer M. D.
Medical Attendant.
286 E Balto st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd. 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie H. Matthews

Sex, Male or Female, {Cross out the word not required in this line.} Boy

Age, *Years,* Two *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 43 N. Dallas St.

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, Sept 4th 1916

C. Edward Mullen *M. D.*
Medical Attendant.

Undertaker, John W. Loock

Place of Business, 69 & Wolf St *Address* 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

Permit No. 12687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry W Tompkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 41 Bruce street

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, September 6th 1876

Undertaker, Jacob Weaver

Place of Business, No 476 Bruce Hall ...of same

H Darling M. D.
Medical Attendant.

Address 143 Shelburne st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Health, City of Baltimore,

Permit No. 12688

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Oesterlein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, Cannmaker's apprentice -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} Lancaster st No. 117

Cause of Death, First (Primary,) Congestive Fever.

Second (Immediate,) Prostration

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Mt. Aythonia Cemetery

Date of Burial, Sept 5

Undertaker, Hendelin Diffet

Place of Business, S. Bond st 151

C. M. Schutte, Jr. - M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence V. VanRossen

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Italy.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 210 Lough St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Sep 6th 10 o'clock

Undertaker, C C Rodemayer

Place of Business, 38 Exeter St

L. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 12690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Cohn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 138 South st

Cause of Death, {First (Primary.) Second (Immediate.)} Gastro-Enteritis (Scarlatina)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, in Phila. Road

Date of Burial, the 6th September

Undertaker, M. Goldsmidt

Place of Business, Peddler

J Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Permit No. 12491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th September 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Groe

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 0 *Years,* Six *Months,* one *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 0

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 245 Pensylv Ave

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Marasmus

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Sept 5th

Undertaker, C W Blizzard

Place of Business, 201 Penn av

G Wape M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widowed) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1876 BALTIMORE

Date of Death, Septm. 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Madelen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* — *Months,* Sig *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 377 Penna. Ave

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 5

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

D. Christian M. D.

Medical Attendant.

Address 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8 2 1876

Full ~~Name of~~ Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. & Mary Klees {Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 30 *Minutes* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 279 Columbia St

Cause of Death, {First (Primary,) Second (Immediate,)} Premature Birth

Duration of ~~Last~~ Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 6 1876

Undertaker, John L. Klees

Place of Business, 279 Columbia

A. L. Spicer M. D.
Medical Attendant.

Address 379 Lombard St
Atn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

Permit No. 12694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1876

Date of Death, September 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Bradenstaff

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 58 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Car Inspector

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Darmstadt

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 8 Tudor St

Cause of Death, First (Primary,)

Second (Immediate,) Enteritis

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 5th 1876

P. C. Williams M. D.
Medical Attendant.

Undertaker, Wm H Higinger

Place of Business, 230 Saratoga

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty-nine *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Danvers - York Massachusetts

Duration of Residence in the City of Baltimore, ~~Not Born~~ 30 years

Place of Death, {Give street and number.} 612 N Bethune Ave

Cause of Death, {First (Primary.) Pulmonary

{Second (Immediate,) Consumption - -

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, Sept 8 - 1876

{*Undertaker,* J. B. Blackistone & Son

{*Place of Business,* 666 Balt st

D. L. Rain M. D.
Medical Attendant.

Address 87 Mulberry st -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd /96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County of Mayo Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 115 Lancaster St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, September 5

Undertaker, M A Kaufer

Place of Business, 14 S Fremont Ave

Dr C Edward Miller M. D.
Medical Attendant.

Address 142 S Bond

HEALTH DEPARTMENT SEP 5 1896 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 4th Sept 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Penn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* — *Months,* 2 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 23rd Tyson alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Tyson ally

Cause of Death, {First (Primary,) Premature birth - 7 months

Second (Immediate,) child's (Not seen by undertaker)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Sept 5th 1876

Undertaker, H. H. G. Perry

Place of Business, 1148 W. Pratt St *Address* 40 Richmond

C B Gamble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A Bayly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married,~~ ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 185 N. Biddle st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 7th 1876

D. C. Williams M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 476 Druid Hill Ave *Address* 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James J. Duke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 11 *Months,* *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, Did not reside in Baltimore Came to Baltimore Aug. 27th 1876

Place of Death, {Give street and number.} 68 E. Baltimore St.

Cause of Death, First (Primary,) Fatty Degeneration of Liver

Second (Immediate,) — Cholesteraemia & Asthenia

Duration of Last Sickness, Unknown! 5 days under my care

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md S. E. Church

Date of Burial, Sept 5th 1876

M. D.
Medical Attendant.

Undertaker, Richd Hall

Place of Business, E. Balto St *Address* 1111 Laurens St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 533)

...ore, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

Date of Death, Sept 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jennings

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Bell Infirmary

Cause of Death, {First (Primary,) Epilepsy / Second (Immediate,) Cachexia}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Sept 5th

{*Undertaker,* H H 6 Sons / *Place of Business,* 448 W Balt}

T. A Ashby M.D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

Date of Death, Sept. 3d 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Early

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tramp

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington University Hosp'

Cause of Death, First (Primary,) Railroad injuries

Second (Immediate,) Do Do

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae Cem'y

Date of Burial, Sept 5th 1876

Undertaker, Chas. Steiper

Place of Business, ~~Pratt~~ Chester St

A. L. Dalke *M. D.*
Medical Attendant.

Address Washington University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Schmeltzer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 396 S. Charles St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 6 1876

Undertaker, H Hoeck

Place of Business, Central Ave

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Osbourn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* Nine *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Woodyear St.

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,) Asphyxia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Sept 6

Undertaker, J. Osbourn

Place of Business, 262 Pennsylvania Ave

William H. Murray M. D.
Medical Attendant.

Address 10 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Bureau of Vital Statistics, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Hammond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* *Days.*

Color, Dark brown *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~? {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One Year & two weeks

Place of Death, {Give street and number.} Wright Alley

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Consumption

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept 6. 1876

Undertaker, Jacob Cozzens

Place of Business, 63 Park St

B F Bohner M. D.
Medical Attendant.

Address Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 5. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Cross.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 309 N. Bond St.

Cause of Death, {First (Primary.) Diarrhoea

{Second (Immediate.) 3 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 6 1876

Undertaker, W. H. Hoskins

Place of Business, Address 75 E. Baltimore St.

S. N. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a good and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city of [illegible] Physician who attended during his or her last sickness, or the Coroner, when the case comes under [illegible] hours after the death to the Undertaker or other person or persons superintending the burial, a certificate stating, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} E. Madison St. near Ann

Cause of Death, First (Primary.) Scarlet Fever

Second (Immediate.) Congestion of the kidneys

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, Sept 6 /76

Undertaker, Wm Fry

Place of Business, 54 N Broadway

G. Glanville Rusk M.D.
Medical Attendant.

Address Balt & Mark. sts.

Extract from Regulations of the Board of Health to secure a full and correct return of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person dies in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to return within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12707

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

Date of Death, Sept. 5th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Yost.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 7. *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, allways.

Place of Death, {Give street and number.} 134 Ramsey.

Cause of Death, {First (Primary.) Cholera Infantum. Second (Immediate.)

Duration of Last Sickness, 2 m. 14 d.

All the above information should be furnished by the Physician

Place of Burial, Sept 6th. Baltimore Cemetery.

Date of Burial, Sept. 6th.

Undertaker, Peter Hummert.

Place of Business, No 317 Mulberry st

Louis L. Horn M. D
Medical Attendant.

Address 22 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Mc. Schmidt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Two *Months,* Ten *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 283 S. Bond St.

Cause of Death, First (Primary,) —

Second (Immediate,) Pneumonia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 6th, 1876

Wm. H. Claudius, *M. D.*
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave. *Address* No. 139 N. Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore,

Permit No. 12709 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S. M. Gosnell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 7 2 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoe Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 117 Eager St.

Cause of Death, {First (Primary,)} Nephritis

{Second (Immediate,)} Uraemia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 7th/76

Undertaker, Geo Schilling

Place of Business, Risquith & Hommert's *Address* 9th S. Broadway

A. F. Erick *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

...ore, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Watson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 24 *Days.*

Color, Col^d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 527 Moores alley

Cause of Death, {First (Primary,) Cold — Second (Immediate,) Catarrh in Head

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 6th 1876

James H Steuart M. D.

Undertaker, Wm L. Bishop

Place of Business, 100 Druid Hill Ave

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John H. Watson Father [OVER]

KODAK

Board of Health, City of Baltimore,

Permit No. 12711 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C. Burrows

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 57 Williamson st

Cause of Death, {First (Primary,) Childbed

{Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial September 5th Dr. Cooke, *M. D.*

Medical Attendant.

{*Undertaker,* Hercules Bois

{*Place of Business,* 12 W. Saratoga St *Address* Cor. Liberty Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

Date of Death, Sept. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. H. Cullen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 175 S. Chester St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Septem 7th 1876

Undertaker, M A Raigart

Place of Business, 94 S Broadway

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Rueckert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 268 Chew St.

Cause of Death, First (Primary,) Debility

Second (Immediate,) Exhaustion

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 7th 1876

Undertaker, M. A. Daigler

Place of Business, 4 & S Broadway

Walter R Hay *M. D.*
Medical Attendant.

Address 32 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs H. Blake

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— / *Months,* —— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, [redacted]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 175 N. Eden St

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 175 N. Eden St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Sept 6th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St.

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

[illegible], City of Baltimore,

Permit No. 12715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Morris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 1 *Months,* 8 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} No 55 Hamburg St

Cause of Death, {First (Primary,) Sy Rhs. Malarial Fever

Second (Immediate,) 6 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Sept 6th 1876

{*Undertaker,* Armstrong & Sons

{*Place of Business,* 263 Light St

H B Stoll M. D.
Medical Attendant.

Address 17 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12716 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. O'Donnell

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 17 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} No 1. Glenmore Alley

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 6th 1876

P. S. Daniels M. D.
Medical Attendant.

Undertaker, James D Byrne *Address* 247 N. Broadway

Place of Business, No 63 N Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Garrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Brown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Federal St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) " "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Washington

Date of Burial, Sept 7th 1876

Undertaker, Chas. S. Scriven

Place of Business, 270 W. Fayette St

B. B. Browne M. D.

Medical Attendant.

Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Permit 1327)

[illegible] of Health, City of Baltimore,

Permit No. 12718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Archibald Courtney Doyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Six *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 116 N. Calvert St.

Cause of Death, First (Primary,) Gangrene Nascentium

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 6th

Undertaker, H. C. Middelcoff

Place of Business, 118½ N Calvert

S. T. Wright M. D.
Medical Attendant.

Address 112 N. Strene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, or Burial within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12719 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

Date of Death, 5th Sept. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Snead

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Ostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number.} Diamond Alley near Mulberry St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 6th 1876

Undertaker, William H. Gray

Place of Business, 66 Mulberry St

W. W. Owings M. D.
Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

Date of Death, September 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catharine Fuss

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 203 Frederick Avenue

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 203 Fred Ave.

Cause of Death, First (Primary,) ____ Second (Immediate,) Convulsions

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery H W Wehrs M. D.

Date of Burial, August 7 Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address* 582 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1916 BALTIMORE

Date of Death, Sept 5th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Zaechman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Factory Worker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Washington Road

Cause of Death, {First (Primary.) Spasm

{Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 7

Undertaker, W B Cook

Place of Business, 707 W Lexington St Baltimore Md

D. L. Phelan *M. D.*
Medical Attendant.

Address 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Carroll.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Pest. Infant Asylum

Cause of Death, First (Primary,) Gastritis.

Second (Immediate,) ~~Inan~~ Mal nutrition.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 6

Undertaker, Coll Hazard

Place of Business, 201 Pratt ave

C. F. Bryan M. D.
Medical Attendant.

Address 241 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. SEP 7 1876 BALTIMORE MD.

Date of Death, Sept 6.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1. *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 109 Hamburg

Cause of Death, {First (Primary.) / Second (Immediate.)} Cholera Infantum Paregoric

Duration of Last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 7th 1876

Undertaker, Armstrong & Son

Place of Business, 263 Light St

T. Thadeus Bond M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

...this certificate.

Permit No. 12724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rubie Ryland

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 386 Light St

Cause of Death, { First (Primary.) Imperforate Rectum

Second (Immediate.) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 7th

Undertaker, Henry Boice

Place of Business, Fremont & Ostend Sts

M. D. Medical Attendant.

Address 76 S. Paca St.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Seager Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 11 *Months,* 9 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 224 N. Broadway

Cause of Death, First (Primary,) Killed by accident at Train

Second (Immediate,) Elevator Bl, Locust Point

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Sept 8th 1876

Undertaker, Wm Levy

Place of Business, No 64 N Broadway

Chas E Knabel M. D.
Medical Attendant.

Address 222 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ment of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

Date of Death, September 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Jackson

Sex, Male or Female, {Cross out the word not required in this line,}

Age, ~~Years,~~ 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, 28 days

Place of Death, {Give street and number.} 98 Mc Elderry Street

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Debility

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cem C

Date of Burial, Sept 7 - 76

Undertaker, John I Rodenmayer

Place of Business, N E Cor Fremont & Monument St

James S. Reed, *M. D.,*
Medical Attendant.

Address 158 N. Eden Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rote

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 412 Albemarle St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 3rd 1876

Undertaker, Richd Hall

Place of Business, E. Balto St

James Steuart M. D.

Address Commissioners Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wendel Rote

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep. 5. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda C. Thomas,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 2 *Months,* 8 *Days.*

Color, Mulatto, *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore, During life,

Place of Death, {Give street and number.} 13 Wilmot Alley,

Cause of Death, {First (Primary,) Phthisis Pulm. / Second (Immediate,)

Duration of Last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 7th 1876

Undertaker, Wm. C. Gray.

Place of Business, 65 Mulberry St *Address* 247 Lawrence St

J. S. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12729

...ate, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER C...TIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

Date of Death, 6th of September 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lenhern

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany (Nitra)

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 139 N. Wondrect

Cause of Death, {First (Primary.) Congestion chill / Second (Immediate.) Paralysis of the heart

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 8. 1876

{*Undertaker,* Chas Bunny

{*Place of Business,* 136. E. Pratt Address 245 S. Wolfe st

F Tuttiens M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ity of Baltimore,

Permit No. 12730

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Male~~ Charles Kunz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7 Brown st

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Dysphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 8

{*Undertaker,* Henry Brice

{*Place of Business,* Hanover & 81

Thorlow Cook M. D.
Medical Attendant.

Address 146 Hanover st

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible], City of Baltimore,

Permit No. 12731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED SEP 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Nicolaus Tiffnin

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 44 *Years,* 2 *Months,* 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Spiesen . Prussia. 22 years

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Laytrop St 4

Cause of Death, First (Primary,) Tuberculosis of lungs

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 8 September

Undertaker, G Stockhausen

Place of Business, Light St

Dr F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Busch.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, W —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tobacconist —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 105 Leadenhall St.

Cause of Death, {First (Primary,) — Second (Immediate,)} Phthisis Pulmonalis.

Duration of Last Sickness, 12 or 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Sept 7th

Undertaker, Henry Brick

Place of Business, Monroe St 81

R. J. H. Tall M. D.
Medical Attendant.

Address 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 6th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Foster Legg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, (. Months, Twenty two Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chase St., Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 350 E. Chase St.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 7 1876

Undertaker, Geo. Weeks

Place of Business, 349 E. Eutaw St

W. W. White, M. D.
Medical Attendant.

Address 301 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bernard. Brand.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 64. *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Shoemaker.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Minster Westphalia.

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, { Give street and number. } 281. Gay St.

Cause of Death, { First (Primary,) Pneumonia. / Second (Immediate,) Consumption —

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem. *Edward. A. Hand* M. D.
Medical Attendant.

Date of Burial, Sept 9, 1876

{ *Undertaker,* Henry Hoeck
{ *Place of Business,* 289 Central ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 14735 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

Date of Death, September 6th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Griffin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} No. 230 Pine Street

Cause of Death, First (Primary,) Senile Catarh

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept 7 1876

Undertaker, John E Gordon

Place of Business, 63 Park Ave

Chas. H. Nott M. D.
Medical Attendant.

Address 306 N. Hayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abbie Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 10 *Months,* 23 *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. York.

Duration of Residence in the City of Baltimore, 24 years 10 Month

Place of Death, {Give street and number.} 9 Eden. above N. Calvert

Cause of Death, {First (Primary,) Phthisis Pulmonary

{Second (Immediate,)

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemet'y

Date of Burial, Sept 26. 1876 Wm Montgomery *M. D.*
Medical Attendant.

Undertaker, Wm Fry *Address* 76 N Eden St

Place of Business, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

Date of Death, Sept 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Heiser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 9 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 246 Lemmon Street

Cause of Death, First (Primary,) Disease of the Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Sept 8th

Undertaker, Ambrose "Kyle"

Place of Business, 244 East Lombard St Address 88 N Eutaw Street

A Friedenwald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Carr,

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Washington University Hosp

Cause of Death, {First (Primary,) Phthisis—

{Second (Immediate,) 4 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Sept 7th 1876

{*Undertaker,* James D Wynne

{*Place of Business,* 163 N Front St

A. L. Walpe M. D.
Medical Attendant.

Address Wash University Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse E. Murphy. Sr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* — 7 *Months,* — 24 *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Hod Carrier. —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of his Life.

Place of Death, {Give street and number.} 181 Eager St- Balto

Cause of Death, {First (Primary,) Paralysis. —

{Second (Immediate,) Old age. —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 9th 1876

{*Undertaker,* Wm H Reckman

{*Place of Business,* 1023 1/2 Gay *Address*

Chas. A. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Chas Pontz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coal Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 150 Eastern Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 150 Eastern Ave

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rappe Road

Date of Burial, Sept 7th 10 o'clock

{*Undertaker,* C. C. Redemayer
Place of Business, 38 Ernest St

Dr McJones M. D.
Medical Attendant.

Address 164 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edwd Coster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 791 W. Pratt St.

Cause of Death, First (Primary,) consumption

Second (Immediate,)

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemt

Date of Burial, Sept 9th 1876

Undertaker, Armentrout & Dorsey, *Address* 558 W. Baltimore St.

Place of Business, Corner Eutaw & Monument

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alanca Forrest

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, col^d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Dawson alley

Cause of Death, {First (Primary,) Diarrhoea / Second (Immediate,) Chol Infantum

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James A Cain M. D.

Date of Burial, Sept. 8th 1876 Medical Attendant.

Undertaker, Robert Forrest

Place of Business, Parent

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Robert Forrest Father

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 206 N Charles

Cause of Death, {First (Primary,) Accidental Fall / Second (Immediate,) Fracture of skull

Duration of Last Sickness, 30 min

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 8th 1876

Undertaker, Wm Jones Son

Place of Business, 65 Mulberry St

Jno D R Walker M.D.

~~Medical Attendant~~

Address Coron M & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ses on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Henry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Alexandria, Va.

Duration of Residence in the City of Baltimore, 4 weeks.

Place of Death, {Give street and number.} 95 Fort Av.

Cause of Death, {First (Primary,) / Second (Immediate,)} Enteritis. / 15 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alexandria, Va

Date of Burial, Sept 9th 1876

Undertaker, C F. Krause

Place of Business, 209 Hanover st

R. L. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

(Transit 333)

[OVER.]

T E T Y ▲ F I L

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan J. Downey

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 39 ~~7 8~~ *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Most nine years

Place of Death, {Give street and number.} 25 Warren Ave

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About four years

All the above information should be furnished by the Physician.*

Place of Burial, Green Mount Cemetery

Date of Burial, September 8th 1876

{*Undertaker,* John H. Weaver

{*Place of Business,* #22 W. Fayette St.

Richd McSherry M. D.
Medical Attendant.

Address 189 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAF

[illegible] of Health, City of Baltimore,

Permit No. 12746 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Jos H. England

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 84 McCulloh St

Cause of Death, First (Primary.) Erysipelas (Facial)

Second (Immediate.) Double Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] mont

Date of Burial, [redacted] Edmund R Walker M. D.

~~Medical Attendant.~~

Undertaker, [redacted]

Place of Business, [redacted] *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Bowling.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 159 E. Fayette St.

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) 2 Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County.

Date of Burial, Sept- 8th

Undertaker, Thos S Hughes

Place of Business, 100 E Balto

Jh. F. Powell M.D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Reasons on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilla V. Conway,

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1. Hall St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, September 9th 1876

Undertaker, Chas. H. Herold

Place of Business, 161 Hanover St.

R. J. H. Tall, M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Knable

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 4 *Years,* 2 *Months,* 14 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widowed or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Johnstown Pa.

Duration of Residence in the City of Baltimore, Five Months.

Place of Death, {Give street and number.} No. 33 Argyll Av.

Cause of Death, {First (Primary,) Acute Capillary Bronchitis

{Second (Immediate,) Apnoea.

Duration of Last Sickness, About four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem H. R. Fetterhoff M. D.

Medical Attendant.

Date of Burial, Sept 8th 1876

Undertaker, Chas. T. Scriven *Address* 77 George St.

Place of Business, 271 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Sept. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Morris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Carline Co Md.

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number.} 170 Hughes St.

Cause of Death, {First (Primary,) Diabetes Mellitus

{Second (Immediate,)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetary

Date of Burial, Sept 8 th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

H W Welsh M. D.
Medical Attendant.

Address 57 Bauer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept- 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas R. Harper

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 88 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City-

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Railroad accident-

{Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Old North Burying Ground

Date of Burial, Sept 8th 1876

A L Wolfe *M. D.*
Medical Attendant.

Undertaker, Jno H Weaver

Place of Business, Fayette st

Address W. U. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 12752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aug. Herrman

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give street and number.} cor. Dall. & Eastern.

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, 9th Sept

Undertaker, Cambley

Place of Business, 121 Eastern ave

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1896 BALTIMORE

Date of Death, September 8th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Farris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 114 German St

Duration of Residence in the City of Baltimore, 10 mo. 16 days

Place of Death, {Give street and number.} 62 Woodyear Av

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept 9th 1896

Undertaker, Bevans & Chenoweth

Place of Business, 364 Pa ave

Dr S. Gillies M. D.
Medical Attendant.

Address 23 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

Date of Death, Sept 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bradford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 99 Cowbridge St

Cause of Death, {First (Primary,) ... Second (Immediate,) Diarrhoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 9th 1876

{*Undertaker,* H. M. Schnepf

Place of Business,

St. Geo. W. Fackler M.D.

128 Park Ave

Address ~~Commissioners Board of~~ Health Department

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

Date of Death, Sept. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Krakau

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 3 *Months,* 15 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 116 S. Washington

Cause of Death, First (Primary,) meningitis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem. J. L. Davis, M. D.

Date of Burial, Sept 9/76 Medical Attendant.

Undertaker, John Braun

Place of Business, 77 S. Broadway *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ation, City of Baltimore,

Permit No. 12756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

Date of Death, Sept. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Chason

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 71 *Years,* 11 *Months,* 2 5 *Days.*

Color, white

~~*Married, Single,* Widow or *Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 272 E. Pratt St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage of Stomach

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Monday Sept 11th

{*Undertaker,* Thomas J Hughes / *Place of Business,* 60 E. Baltimore St} *Address* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ion, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12757.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McMahon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 416 S Charles St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scirrhus of the Stomach

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 9, 1876

Theodore Dorsey M.D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7 Sept 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Louiza Lenwaechter.

Sex, ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years* 4 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her life

Place of Death, {Give street and number.} No 118 Eislan St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Atrophy

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetry

Date of Burial, Sept. 9th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Charles A Geiger M. D.
Medical Attendant.

Address No 207 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12759

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Dixon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 3 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months & 2 Days

Place of Death, {Give street and number.} No 5 Short st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept 10 1876

Undertaker, Wm [illegible] Dwyer

Place of Business, No 104 East st *Address* 76 N. Eden

Dr. W. Montgomery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan H. Church

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 1069 N. Ballast

Cause of Death, First (Primary,) Inanition

Second (Immediate,) ____

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery John A. Conner M. D.

Date of Burial, Sept 9 1876 Medical Attendant.

Undertaker, Wm N Dungle 286 E. Balt st.

Place of Business, No 104 East st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Aug. Langlotz

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~ ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 78 Grindall St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 Grindall St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition / Life

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 9th

Undertaker, H. Brice

Place of Business, Henrietta St 81

Geo. W. Benson M. D.
Medical Attendant.

Address 14 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 5- 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward Foster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Six *Months,* ——— *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Six months.

Place of Death, {Give street and number.} 17 Jordan alley

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Double Pneumonia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 9th

W. E. Moseley M. D.
Medical Attendant.

Undertaker, Chas. F. Stevens

Place of Business, 2218 Eutaw St. *Address* 167 N. Bradella St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as known, the name, color, nativity, full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in the cases and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12763

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Capelle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hopkinton Jack. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 47 Brown st

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 6 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 10 1876

Heather M. D.
Medical Attendant.

{*Undertaker,* C. F. Harrold

{*Place of Business,* Hanover st *Address* 95 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12764 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustave Haumann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* Two (2) *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} # 201 Fredk Avenue

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) On Neck

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept. 10th 1876.

Undertaker, I. P. Paulus

Place of Business, 66 Fredk Avenue

J. L. Lankenau M. D.
Medical Attendant.

Address # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth W. Flamm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 2 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 44 East Fayette St

Cause of Death, First (Primary,) Hypertrophy of the Heart

Second (Immediate,) " " with general Anasarca

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 10 th 1876

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Marble & Monument St *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...RTICLES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernst. Lüdeke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23. *Years,* 4 *Months,* 3. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Bar. Super.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give street and number.} Bed and Board Entrusted

Cause of Death, {First (Primary,) Typhoid fever

{Second (Immediate,) do. "Rec" Bowles.

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Balto. Cemetery

Date of Burial, Sept 10th/96

Undertaker, Geo. Schilling

Place of Business, Hoyt with & Monument St *Address* 86 E. Fayette St

Dr. Bodine — *M. D.*
Medical Attendant.

HEALTH DEPARTMENT SEP 9 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Hunter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life (6) years

Place of Death, {Give street and number.} Res (Corr of New)

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, About four years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem X

Date of Burial, Sept 10th 1876

Undertaker, Jacob Weaver

Place of Business, 1046 Druid Hill Avenue *Address* 443 N Eutaw St

J. B. Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Hissey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hamburg st no 443.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 10th 1876

Undertaker, Thos. J. Waghe

Place of Business, 61 E Balto

C. L. Budd M. D.
Medical Attendant.

Address Columbia ave

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Sebble

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 143 Canton Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Do not Know — Saw her first previous to death

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Sept 10th 1876

Undertaker, H. Frantz

Place of Business, Canton Ave.

James D. McShane M. D.
Medical Attendant

Address 254 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

Date of Death, Sept. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Weiher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 6 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 185 S. Broadway

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 11

Undertaker, Hamilton Diffet

Place of Business, S. Broadst. 134

James S. Shaw M. D.
Medical Attendant.

Address 254 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Kramer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Mount Clare Junction

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebral Infantum

Duration of Last Sickness, all to Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 9th 1876

Undertaker, T. B. Cook

Place of Business, W. Balto St

Samuel Clark M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Wm F. Kramer Father

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bert Haynes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 26 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number.} 162 Herman St

Cause of Death, First (Primary,) Hydrocephaloes

Second (Immediate,)

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery James H Sleman M. D.

Date of Burial, Sept 9th 1876

Undertaker, L. B. Cook

Place of Business, 707 W. Balto St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - Rockamore Haynes

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Weiblein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~nin~~ *Years,* 3 months. *Months,* 14. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~nin~~

Occupation, ~~nin~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~nin~~

Place of Death, {Give street and number.} Duncan Alley No. 129

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, Hollathorn Cemetery C. M. Schutte Jr M. D.

Date of Burial, 9 September 1876 Medical Attendant.

Undertaker, John C. Gluth

Place of Business, 265 Aliceanna St Address S.W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...LIST OF DISEASES ON BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE MD

Date of Death, September 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Groth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 63 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, ~~Widowed or Single~~, {Cross out the words not required in this line.}

Occupation, Garber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 23 years

Place of Death, {Give street and number} No 253 South Ann St

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,)

Duration of Last Sickness, (Seven days)

All the above information should be furnished by the Physician

Place of Burial, St Mathews Cemetery

Date of Burial, Sept. 10th/76

Undertaker, Henry Sanders

Place of Business, 252 Canton Av. *Address* No 18 Jackson Square

Thomas R. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12775 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine V. Wellslager.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty Nine *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 322 Alicanna St.

Cause of Death, First (Primary,)

Second (Immediate,) Disease of Heart.

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetary

Date of Burial, Sept 20th 1876 — Nicholas L. Dashiell, M. D. Medical Attendant.

Undertaker, Henry Sauter

Place of Business, 252 Caroline St. *Address* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12776 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claudia Hensley.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, ~~Months~~, 6 weeks. Days.

Color, White.

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Balt. Infant Asylum

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician

Place of Burial, Louden Park

Date of Burial, Sept 9.

Undertaker, C. H. Blizard

Place of Business, 201 Penn ave

C. F. Brian M. D.
Medical Attendant.

Address 241 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

Date of Death, Sept 7 - 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Columbus.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* 1 *Month,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Pat Infant Asylum

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Fowden Park

Date of Burial, Sept 9

Undertaker, C H Hazard

Place of Business, 201 Penn av

C. F. Bryan M. D.
Medical Attendant.

Address 241 Penn av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12778 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Smith & Wife {Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 4 Hours *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Levis St 2 doors from Baltimore

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Cyanosis.

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Ch Wm Montgomery *M. D.*

Date of Burial, Sept 9 1876 Medical Attendant.

Undertaker, Wm Pratt

Place of Business, Fell & Corbett Address Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, race, age and condition (whether married or single) of the person deceased, and the cause and date of death, [illegible] deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Shoemaker

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Bell Infirmary

Cause of Death, { First (Primary,) Congestive Chill / Second (Immediate,) asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Sept 9th

Undertaker, M H & Co

Place of Business, 1148 Pratt st

F. A. Ashby M. D.
Medical Attendant.

Address Bell Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y ▲ F I L M ■

...ow to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno D. Quinn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 27 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 88 Ridgely St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, In E G Hill road

Date of Burial, Sep 9 /76

Undertaker, Murphy

Place of Business, 54 N Broadway

Penbr Ku M. Wood M. D.
Medical Attendant.

Address No 203 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S • A F E T

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Sprague

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 12 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Brown Alley

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, September 9th 16

Undertaker, W. H. Burkhart

Place of Business, 113 Saratoga Street

O. H. Knight M. D.
Medical Attendant.

Address Drug Store N. W. Cor. Preston St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODA

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Indiana Washington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 1 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 China St

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness, all to Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10 1876

Undertaker, S. H. Chase

Place of Business, S. Howard St

James A Steuart M. D.

Address Commiss of Health

& Regis Wash

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah E Washington Mother

[OVER]

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Osterhaus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Milk dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 17 years,

Place of Death, {Give street and number.} 68 Boyd St.

Cause of Death, First (Primary,) Bright's Disease of Kidneys,

Second (Immediate.)

Duration of Last Sickness, ~~Have been~~ 18 months,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, September 11th 1876

John Morris *M. D.*
Medical Attendant.

Undertaker, Peter Kemmerer

Place of Business, 317 Mulberry St. *Address* No. 5. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Ida Louise

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 1 Years, 1 Months, 12 Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 88 S Central Avenue

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) 4 Months 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetry

Date of Burial, Tomorrow 5 O'Clock

Undertaker, Mr Jacob Müller

Place of Business, No 21 Harrison St.

J. Ridgway Andre M. D.
Medical Attendant.

Address No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Isaac Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 2 weeks

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bayview Asylum

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 1060 Chesnut street

Cause of Death, {First (Primary.) Spasms

Second (Immediate.)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pottersfield

Date of Burial, Sept. 10th 1876

{Undertaker, Chas. Streeper

{Place of Business, N.E. cor. Charles & Pratt

James F. Heuisler M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ctfully invited to the Remarks below, and To List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. [redacted] 12786 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, White Washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co. Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No 46 Oxford St.

Cause of Death, {First (Primary.) Chronic Rheumatism

{Second (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co.

Date of Burial, Sept. 11th 1876

{*Undertaker,* Saml. H. Chase

{*Place of Business,*

James F. Sloan M.D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

556 Transit permit-

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Ambrose.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, Mulatto,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert County Md.

Duration of Residence in the City of Baltimore, about 40 years.

Place of Death, {Give street and number.} # 5 Peach Alley.

Cause of Death, {First (Primary.) Consumption. / Second (Immediate.)}

Duration of Last Sickness, about 9 month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 10th

Undertaker, H. McCubbin 203

Place of Business, 180 West St

Julius Cable M.D.
Medical Attendant

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 12788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept-9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 103 Hamburg

Cause of Death, {First (Primary.) Tubercular Meningitis / Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem'ty

Date of Burial, September 11 1876 E. E. Hamington M. D.
Medical Attendant.

Undertaker, Charles F. Harold *Address* 821 Light St.

Place of Business, 164 Hamburg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th of Sept. H. Barbara Steger

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Steger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} German 53 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Fawn Street

Cause of Death, {First (Primary.)} Chronic pulmonary

{Second (Immediate.)} Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept. 11th

Undertaker, Mr. Frank

Place of Business, No. 35 Bank *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 12720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Sept 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Olivia L. Bruce

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 19 *Years,* 4 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born Cecil Co

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} 100 Chesapeake St

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,) Ulceration of Right Ileum

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Hol Carmel Cemetery Elkridge

Date of Burial, Sept 11th 1876

Undertaker, Henry Sander

Place of Business, 252 Canton Av. *Address* 28 Donnell Pl

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 12791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph D. Turley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 11 Lancaster St.

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial September 10th 1876

Undertaker, W A Dasher

Place of Business, 74 S Bond *Address* 69 S Broadway

J. Wilkins M. D.
Medical Attendant.

HEALTH DEPT SEP 10 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

Date of Death, Sept 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Jones

Sex, Male or [redacted], {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Col

Married, [redacted], *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Douglas N 8

Cause of Death, {First (Primary.) Hemiplegia Pulmonalis

Second (Immediate.)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Court.

Date of Burial, Sept 10 1876

Undertaker, Peter H. Lorentz & Son C. C. Baldwin M. D.

Medical Attendant.

Place of Business, 52 & 54 W. Pratt Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Carroll Bailey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number. } 418 N. Carey St Back.

Cause of Death, { First (Primary,) Second (Immediate,) } Carcinoma testis 9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Monday 3. P M

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St

A. Tousley M. D.
Medical Attendant.

Address 454 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Owings

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 91 Arch st

Cause of Death, First (Primary,) Consumption

Second (Immediate.) Exhaustion

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 10th 1876

Undertaker, Wm. J. Gray

Place of Business, 65 Saratoga st

W. Griffith M. D.
Medical Attendant.

Address 60 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grinfield Samms

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 41 Lemina St.

Cause of Death, {First (Primary,) Acute Hydrocephalus.

Second (Immediate,) 5 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11th 1876

Undertaker, Wm. Sims Son

Place of Business, 65 Mulberry St

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 10 1916 BALTIMORE

Date of Death, 9 September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rose Frew

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* *Months,* 11 *Days.*

Color, white 10

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New - York

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} W. Fayette Street 222

Cause of Death, {First (Primary,) Chronic diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 10 September

Undertaker, H. Sears

Place of Business, Gay St.

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Louisa Berry

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 10 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} child

Occupation, child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Baltimore. 69 Dorsey alley.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10 1876

Undertaker, ~~[illegible]~~ Thos. Jordan

Place of Business, 63 Park st

C. O. Richardson M. D.

Medical Attendant

Address 302 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

Date of Death, Sept. 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fleiford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, six years

Place of Death, {Give street and number.} 16 Point Lane

Cause of Death, {First (Primary,) Typhoid fever / Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, September 11th 1876 G. G. Dauel M. D.

Attending Physician.

{*Undertaker,* Henry Myers

{*Place of Business,* 30 y Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12799 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

Date of Death, Sept 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Gertrude

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Col'd *Sex,*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna Ave.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} near Pattison Ave. near Caldwell 31

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Inanition

Duration of Last Sickness, about 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 11th 1876

Undertaker, Wm H Bishop Jr

Place of Business, 103 Druid Hill Ave. *Address* Penn. Ave. near Pratt 30

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam & Margaret Michael Parents

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 hours ~~Months,~~ ——— *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 n S. Chapel St

Cause of Death, {First (Primary.) / Second (Immediate.)} asthenia. / Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus — James A Steen M. D.

Date of Burial, Sept 11th 1876

{*Undertaker,* H. Froelicher / *Place of Business,* Eastern ave} *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary E Dunn Mederick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Owings

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 5 *Months,* 7 *Days.*

Color, White ~~*Sex,*~~

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give street and number.} 166 N. Fayette St.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) 7 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'tery

Date of Burial, September 12th 1876

Wm. Owings M. D.

Medical Attendant.

Undertaker, John H. Keaver

Place of Business, #22 W. Fayette St. *Address* 166 N. Fayette.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 12802

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McKenrew Soper

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 3 1 *Years,* 8 *Months,* 18 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 211 N Carrollton avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Discase of the Brain

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery F. J. Miles M. D.

Date of Burial, Sept 11th 1876 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 350 W Fayette St *Address* 14 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widow) of the person deceased, and the cause and date of death, except in cases of births and deaths of Physicians' children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12803

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Edward Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6. S. Dallas St

Cause of Death, {First (Primary.) / Second (Immediate.)} Pneumonia

Duration of Last Sickness, 28 Days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground

Date of Burial, Sept 11th 1876

Undertaker, Hughes & Lee

Place of Business, 668 Broadway

A. Lewis M. D.
Medical Attendant.

Address 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

Date of Death, Sept 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Price

Male or Female, {Cross out the word not required in this line.}

Color, Colored *Years,* 7 Mths *Months,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Days.*

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 13 Harmony st.

Cause of Death, {First (Primary.) Infantile entozoa

{Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpt St Cemetery

Date of Burial, Sept 11, 1876

{*Undertaker,* S. W. Chase

{*Place of Business,* 3. Howard St *Address*

Geo C Gyles *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12805 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 Sept 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Mooney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 2 2 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Hillside St Canton

Cause of Death, First (Primary,) Cyanosis Infantum

Second (Immediate,)

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pattricks Cemitery

Date of Burial, September 11th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave.

Dr C J Williams M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

Date of Death, Sept 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levinia Johnson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 27 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 153 N. Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Catarrh on the Brest

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, Sept 11 1876

Undertaker, I. H. Locke

Place of Business, Wolf St

James H Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Moses Johnson Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12807

The Physician who attended [illegible] person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Jones

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Clayton's Row. Mount St. & Ind°.

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bears Hill

Date of Burial, Sept 11. 1876

A. Insley M. D.
Medical Attendant.

Undertaker, John C Soule

Place of Business, 63 Park Av. *Address* 454 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE.

Date of Death, Sept. 9th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Susan Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 38 Hillman St

Cause of Death, First (Primary,)

Second (Immediate,) Obstruction Intestinal

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Sept 11th 1876

Undertaker, James O'Byrne

Place of Business, No 63 N Front St

Jno Boyle M. D.
Medical Attendant.

Address 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ons on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th September 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Croxdale Gibson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Commission Merchant & Auctioneer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number.} 142 N Charles

Cause of Death, {First (Primary,) Morbus Brightii with Prostatitis

{Second (Immediate,) Dearborn of

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, 12. Sept. 1876

{*Undertaker,* H.W. Jenkins & Son

{*Place of Business,* 16 Light St *Address* 40 Richmond Street

C B Gamble M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Allen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Paper Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

~~*Duration of Residence in*~~ *the City of Baltimore,* From Boyhood

Place of Death, {Give street and number.} Cor Central Ave & Jackson St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Diarrhea

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Comet

Date of Burial, Sept 12th 1876

E J Way M. D.
Medical Attendant.

Undertaker, Wm H Hickman

Place of Business, 1023 N Gay *Address* 195 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.